

South African Medical Journal

Organ of the Medical Association of South Africa



S.-A. Tydskrif vir Geneeskunde

Vakblad van die Mediese Vereniging van Suid-Afrika

Incorporating the South African Medical Record and the Medical Journal of South Africa

REGISTERED AT THE GENERAL POST OFFICE AS A NEWSPAPER

Vol. 26, No. 1

Cape Town, 5 January 1952

Weekly 2s

IN THIS ISSUE

Editorial : Van die Redaksie

Modern Physiology and the Anaesthetist

Moderne Fisiologie en die Narkotiseur

Original Articles

Congenital Syphilis

Localization of an Ingested Foreign Body in the Abdomen

A Strain-Gauge Manometer

Asthma and Dermatitis Caused by Chloroplatinic Acid

Hypotensive Anaesthesia in Plastic Surgery

Association News : Verenigingsnuus

New Preparations and Appliances

Reviews of Books

Support Your Own Agency Department (P. xxix)

Ondersteun u Eie Agentskap-Afdeling (Bl. xxix)

Professional Appointments (Pp. xxix, xxx)

*"Behold the child, by Nature's kindly law,
Pleased with a rattle, tickled with a straw"*

POPE

A pleasant flavour. Easy to take.

Accurate graduation of dosage.

These are important factors to be considered when prescribing an antihistamine preparation for the treatment of children.

'PHENERGAN' ELIXIR

promethazine hydrochloride

bottles of 4 and 40 fl. oz.

manufactured by



MAY & BAKER LTD



MA335

MAYBAKER (S.A.) (PTY.) LTD., McHardy Avenue, P.O. Box 1130, PORT ELIZABETH

SPECIFICALLY •

• PHYSIOLOGIC

Administration of ACTHAR initiates a chain of physiologic mechanisms in the service of preventing or correcting fundamental manifestations of disease.

✓ ACTHAR, the specific pituitary stimulant hormone for the adrenal cortex, causes the adrenal glands to synthesize and secrete the entire spectrum of corticoids. These powerful physiologic agents control the mobilization and utilization of energy, inhibit cellular injury, and prevent or reverse the concomitant inflammatory reaction—a basic manifestation common to a wide variety of diseases.

ESTABLISHED INDICATIONS: Rheumatoid arthritis, rheumatic fever, acute lupus erythematosus, severe asthma, drug sensitivities, contact dermatitis, most acute inflammatory diseases of the eye, acute pemphigus, exfoliative dermatitis, ulcerative colitis, acute gouty arthritis, secondary adrenal cortical hypofunction, acute alcoholism and acute delirium tremens.

ACTHAR is available in vials of 10, 25 and 40 I.U. (mg.). The Armour Standard of ACTHAR is now accepted as the International Unit; 1 International Unit is identical with 1 milligram of ACTHAR.

ACTHAR

THE ARMOUR LABORATORIES' BRAND OF ADRENOCORTICOTROPIC HORMONE (A.C.T.H.)

THE ARMOUR LABORATORIES

CHICAGO 11, ILLINOIS

Sole Distributors for South Africa and the Rhodesias:

PETERSEN LTD., P.O. Box 38, CAPE TOWN P.O. Box 5992, JOHANNESBURG



25 MILLION

new red blood cells
needed every day!

Additional strain on the normal daily blood-replacement often causes one of the secondary anaemias.

Not all secondary anaemias respond to iron therapy alone. Many patients require a combination of the B-complex vitamins reinforced with liver fraction in addition to iron.

The new Livitamin formula provides this combined action with an amount of iron large enough to insure maximum assimilation by the body.



FORMULA: LIVITAMIN LIQUID

Each tablespoonful (15 cc) represents:

Iron and Manganese Peptonized	15 gr. (1 Gm.)
(Equivalent to 22.5 mg. elemental iron)	
Iron Peptonized, N.F.	6½ gr. (0.42 Gm.)
(Equivalent to 70 mg. elemental iron)	
Thiamine Hydrochloride	5 mg.
Riboflavin	5 mg.
Niacinamide	25 mg.
Pyridoxine Hydrochloride	0.5 mg.
Pantothenic Acid	2.5 mg.
Liver Fraction I	25 gr. (1.6 Gm.)
Rice Bran Extract	7½ gr. (0.5 Gm.)
*Vitamin B ₁₂	2 micrograms

*The source of B₁₂ is Liver Fraction I.

LIVITAMIN

First thought in hypochromic anaemia

Samples on request

THE S.E. MASSENGILL COMPANY
Bristol, Tennessee, Virginia.

Sole Distributors

WESTDENE PRODUCTS (PTY.) LTD. P.O. Box 7710. Phone 23-0314, Johannesburg
22-24 Essanby House, 175 Jeppe Street,
and at Cape Town, Durban, Port Elizabeth and Pretoria.

DISPRIN

REGD

— Soluble, substantially neutral and palatable aspirin in stable tablet form

Great difficulty has hitherto been encountered in providing soluble aspirin in tablet form which will remain stable under ordinary conditions of storage. This difficulty has now been overcome.

Disprin has all the valuable qualities of calcium aspirin — analgesic, antipyretic and anti-rheumatic. Since it is soluble, it is more rapidly absorbed and consequently more speedy in its clinical effect. Moreover, it is unlikely to irritate the gastric mucosa.

Disprin tablets readily dissolve in water to form a substantially neutral palatable solution of calcium aspirin.



Made by the manufacturers of 'Dettol'

Clinical samples and literature supplied on application.
Special hospital pack — prices on application.

BECKITT AND COLMAN (AFRICA) LTD., P.O. BOX 1097, CAPE TOWN

M.S.P.P.

South African Medical Journal Suid-Afrikaanse Tydskrif vir Geneeskunde

P.O. Box 643, Cape Town

Posbus 643, Kaapstad

Vol. 26, No. 1

Cape Town, 5 January 1952

Weekly 2s

CONTENTS

Congenital Syphilis: Short Case Notes with Radiological Illustrations. Dr. I. Kessel	1	Hypotensive Anaesthesia in Plastic Surgery. Mr. Jack Penn, F.R.C.S. and Dr. H. Bentel	9
Radiological Case Book: XXXIII. Localization of an Ingested Foreign Body in the Abdomen. Dr. J. N. Jacobson	5	New Preparations and Appliances: Chlor-Trimeton Repeat Action Tablets	11
Editorial: Modern Physiology and the Anaesthetist	6	Association News: Verenigingsnuus: Minutes of the Federal Council Meeting held at Johannesburg on 20-22 September 1951	11
Van die Redaksie: Moderne Fisiologie en die Narkotiseur	6	Reviews of Books: Antibiotics; Income Tax and the Doctor; Electro-Radiotherapy; Embryology of the Pig; Paediatrics 1951; Isotopes; The Thyroid Gland; Story of St. Luke's Hospital; Operative Surgery	22
A Strain-Gauge Manometer: A Preliminary Note on Its Construction. Dr. Cecil S. Jones and Mr. K. A. W. Paterson, B.Sc.	7		
Asthma and Dermatitis Caused by Chloroplatinic Acid. Dr. James Marshall	8		

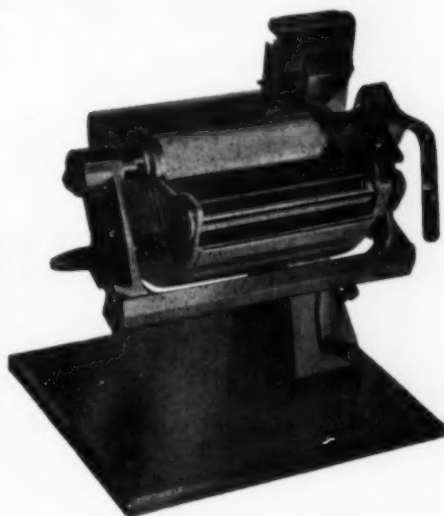
The REESE DERMATOME For Accurate Split Skin grafts

- Saves valuable operating time
- Eliminates suturing in most cases
- Assures a higher percentage of successful "takes"
- Greatly reduces hospitalization

The Reese Dermatome makes it possible to excise, consistently and accurately, split skin grafts from .008" to .034" and to transplant such grafts to most recipient sites without stretching or contraction of the excised skin, and without the inconvenience of an exposed "sticky" surface. As the graft is excised it is picked up by a special adhesive tape (Reese Dermatape) which is mechanically attached, not cemented, to the face of the Dermatome drum.

The Dermatape, with the graft adhering to it, is detached from the drum, tailored to fit the recipient area, and anchored in place with dressings alone, without the aid of sutures. Within five days the Dermatape loses its adhesion to the graft and may be peeled away at the time of the first dressing without disturbing the newly grafted skin.

The Dermatape acts as a splint for the graft and prevents distortion of the cells and tissue spaces during the transplantation process. If suturing to the recipient site is indicated, the Dermatape permits easy removal of the excised skin graft, entirely free of adhesive.



BARD-PARKER precision THROW-AWAY blades are used with this Dermatome.

Further information from:—

**GURR SURGICAL
INSTRUMENTS (PTY.) LTD.**

Harley Chambers, Kruis Street,
P.O. Box 1562, Johannesburg.



Reese DERMATAPE* is a special, laminated skin transfer adhesive tape, consisting of a protective plastic facing, a pliable rubber splint for the graft, and a glass fabric backing.

*Trade Mark Reg. U.S. Pat. Off.



"Vitamin B₁₂ per unit of weight, is the most effective antianemic substance known."

SPENCER ET AL., J. A. M. A., 152:501, 1948

SUPPLIES OF
RUBRAMIN
ARE NOW
ASSURED IN
SOUTH AFRICA

RUBRAMIN

SQUIBB vitamin B₁₂ concentrate

now in plentiful supply

- ▶ essentially painless, protein-free aqueous solution
- ▶ approximately the same cost as Liver Extract

5 c.c. and 10 c.c. rubber-capped vials containing 30, 50 and 100 microgrammes per c.c.

One microgram of Rubramin is approximately equivalent in anti-pernicious anemia activity to 1 U.S.P. unit of liver extract. Hence, 100 microgrammes of vitamin B₁₂ are approximately equivalent to 100 units of liver extract.

"Rubramin" is a trade mark of

E. R. Squibb & Sons

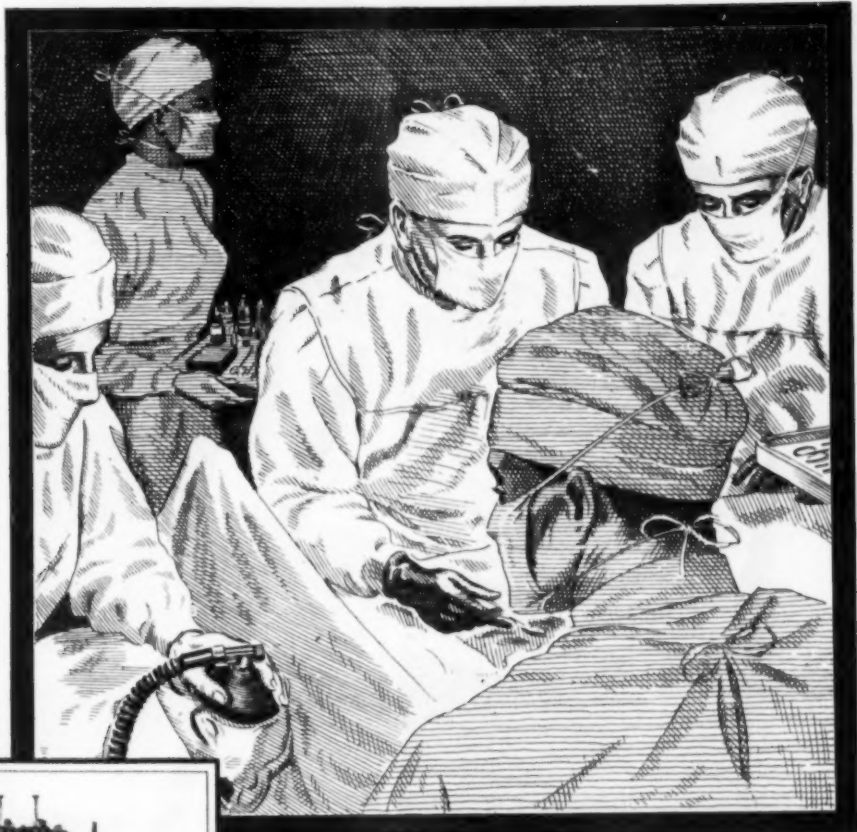
SQUIBB

Further information and literature is available from:

PROTEA PHARMACEUTICALS LIMITED, P.O. BOX 7793, JOHANNESBURG.

PHONE 33-2211

Also at Cape Town, Port Elizabeth, East London and Durban



BOYLE'S APPARATUS

The Model G Boyle's Apparatus shown above is fitted with Coxeter Mushin M.K.11 CO₂ Absorber for greater economy and efficiency in the administration of cyclopropane-ether-nitrous oxide-oxygen anaesthesia.

Further details concerning this and all other medical apparatus supplied by Messrs. African Oxygen & Acetylene (Pty.) Ltd., will be given gladly on request.

AFRICAN OXYGEN & ACETYLENE (PTY.) LTD.

Division of The British Oxygen Co. Ltd.

MEDICAL DEPARTMENT

(Incorporating Coxeter & Son, Ltd. A. Charles King Ltd.)

Head Office:

Afro House, Cor. Booysens Road and Webber Street, Johannesburg
Branches throughout the Union, Rhodesias, East Africa and South West Africa

R_x For Children who WON'T DRINK MILK

Children who won't drink milk will drink and enjoy a Nutrine and milk mixture. Nutrine makes milk palatable yet does not establish the unhealthy craving associated with chocolate type flavourings. And Nutrine is an additional food that supplies the essential elements for building up health in ailing children.

INGREDIENTS:

Wheat
Malted Kaffir Corn
Soya Bean
Iodised Salt
Lactose
Cane Sugar
Salts of Calcium
and Iron





AN APPROVED METHOD OF

Family Planning

For social and economic reasons, medical advice is now being sought, more than ever before, on the subject of "PLANNED PARENTHOOD," and Birth Control in its clinical aspect is rapidly becoming a specialised branch of Medical Science. GYNOMIN is spermicidally efficient, clean in application and harmless to health. It is non-irritant, non-greasy and keeps perfectly in all climates.

The average weight of each tablet when packed is 1.3 grams and contains w/w.

FORMULA: Sodii Bicarb. B.P. 12.0; Acid. Tartaric B.P. 10.5; p-Toluenesulphochloroquinide B.P. 1.1; Excipients Lactose B.P. and Starch B.P. ad. 100.0; Perfume q.s.

Samples and medical literature sent on request.

GYNOMIN

The Scientifically Balanced, Antiseptic and Deodorant Contraceptive Tablet

Manufactured by

COATES & COOPER LTD

PYRAMID WORKS • WEST DRAYTON • MIDDLESEX • ENGLAND

LENNON LTD., Cape Town and branches.



Distributed by:

• SOUTH AFRICAN DRUGGISTS, LTD., Johannesburg

What would you
do about this
processing
problem?

Ask Kodak. They're always glad to
help on photographic matters. And,
of course, they've had an immense
amount of experience . . .

KODAK (SOUTH AFRICA) LIMITED, CAPE TOWN, JOHANNESBURG, DURBAN

In casualty...



For rapid pre-operative preparation of the surgeon's hands in the emergency operating theatre, and for cleansing and disinfecting the patient's injuries, 'Cetavlon' has proved of exceptional value.

For these purposes 'Cetavlon' has the following advantages:—

- Highly bactericidal in low concentration, against both Gram-positive and Gram-negative organisms.
- An efficient detergent—quickly and easily removes all contaminating matter.
- Non-toxic, non-irritant and does not retard healing.
- Solutions are easily prepared, pleasant to handle and economical in use.

'Cetavlon' is available in powder form; as a 20% Concentrate; and as a Tincture.

'CETAVLON'

Trade Mark

CETRIMIDE

IMPERIAL CHEMICAL (PHARMACEUTICALS) LIMITED

A subsidiary company of Imperial Chemical Industries Ltd.

Wilmslow, Manchester



Ph. 215

South African Medical Journal

Suid-Afrikaanse Tydskrif vir Geneeskunde

P.O. Box 643, Cape Town

Posbus 643, Kaapstad

Vol. 26, No. 1

Cape Town, 5 January 1952

Weekly 2s

CONGENITAL SYPHILIS

SHORT CASE NOTES WITH RADIOLOGICAL ILLUSTRATIONS

I. KESSEL, M.B., M.R.C.P. (LOND.), M.R.C.P. (EDIN.), D.C.H. (R.C.P. & S. ENG.).*

Department of Paediatrics, Baragwanath Hospital and University of the Witwatersrand, Johannesburg

Congenital syphilis is a condition which should at the present time be uncommon, due to the achievements of public health services and the use of Penicillin in therapy. This paper is presented particularly to illustrate the typical and most interesting bone changes found in this condition

disease and these lesions all teem with spirochaetes. The spleen is palpably enlarged in a large number of these patients.

A few of the cases admitted to hospital during 1950 will be described briefly.

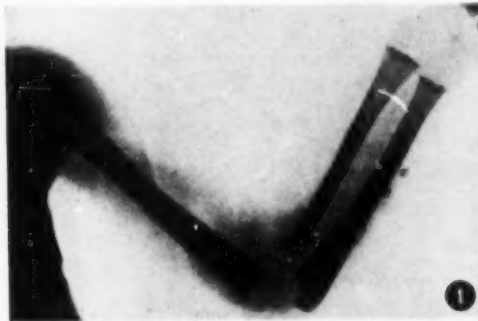


Fig. 1. X-ray of left upper limb showing periostitis of humerus and osteochondritis of lower end of ulna (Case 1).

Fig. 2. X-ray of lower limbs showing periostitis of femurs and osteochondritis of right tibia (Case 1).



as it affects infants, and also to illustrate different presenting features of the disease.

The changes in the bones of early congenital syphilis are characteristically described as an osteochondritis, as first shown by Wegner in 1870 in his description of these changes. This may present clinically as the pseudo-paralysis of the limbs affected. It occurs at the ends of the long bones, usually at the knee, elbow, ankle or wrist. The X-ray 'rat-bite' appearance at the ends of the long bones, giving the characteristic Wimberger's sign, when it involves the medial upper end of the tibia, is typical. Most of the bone lesions of syphilis affecting this age-group also have a periostitis; here, in contrast to the osteochondritis, the function of bone formation is increased.

The skin is very frequently involved in early syphilitic

* At present at the Transvaal Memorial Hospital for Children, Johannesburg.

CASE 1

R. K., a female Bantu infant aged 24 days, was admitted to Baragwanath Hospital with a history of having had fits. The mother said the child had jerking movements of the hands and legs which started on the third day of life, and were present off and on for three days. These passed off and the child started coughing when she was 2 weeks old. She had yellowish-coloured stools and was entirely breast-fed. The mother had her blood tested whilst pregnant (presumably a Wassermann test) and she was then told to have injections, but only had one.

Examination. She was a small child weighing 5 lb. 2oz., afebrile, with no evidence of a rash or other skin lesion and no obvious jaundice. The nose was blocked, but there was no obvious discharge present. The heart was normal but there were numerous rhonchi in the lungs. The liver was palpable two fingers below the costal margin, and the spleen was palpable. The anterior fontanelle was fairly tense. There was no neck rigidity present and no Kernig's sign.

Investigations. The standard blood Eagle test of mother and child were both positive; Mantoux test: negative.

Cerebro-spinal fluid:—

Polymorphonuclears, 6 per c.mm.
Lymphocytes, 8 per c.mm.
Total protein, 90 mg. per 100 c.c.
Sugar, 45 mg. per 100 c.c.
Chlorides (as NaCl), 708 mg. per 100 c.c.
Mastic, negative.

Kolmer Cardiollipin Wassermann test: positive.

Radiological Examination. The X-rays of the limb bones showed changes compatible with congenital syphilis (Fig. 1 and 2).

Comment. This infant presented with fits and had meningeal involvement, typical bone changes and a palpable spleen. She was given Penicillin therapy and a repeat examination of the spinal fluid after 18 days gave the following findings:—

No cells.
Total protein, 115 mg. per 100 c.c.
Sugar, 43 mg. per 100 c.c.
Chlorides (as NaCl), 674 mg. per 100 c.c.

CASE 2

A. L., a female infant aged 1 month, was admitted to hospital with the story of having bled from the nose for the last 6 days, and also having a cough. The bleeding from the nose followed the coughing attacks. She was entirely breast-fed.

Examination. Weight, 6 lb. 10 oz. Temperature, 99.6° (rectal). A desquamated lesion was present on the palms of the hands. There was no jaundice. The child had marked dyspnoea associated with sub-costal recession. There was a tachycardia, and there were numerous rhonchi over both lung fields. There was obvious snuffles present with a sanguineous discharge from both nostrils. The spleen was not palpable.

Investigations. The standard blood Eagle test of the mother and infant were both positive. Mantoux test: negative.

X-ray Examination. The lower limb bones showed changes indicative of congenital syphilis (Fig. 3).

Comment. This child responded rapidly to Penicillin



Fig. 3. X-ray of lower limbs showing periostitis and osteochondritis (Case 2).

therapy. She presented with snuffles and simulated an acute laryngo-tracheo-bronchitis. She showed the bone changes indicative of syphilis in her X-ray pictures.

CASE 3

D. X., a male infant aged 3 months, was admitted to hospital and provisionally diagnosed by the admitting officer as a case of pneumonia. The child had started coughing 1 week ago. This cough became worse and on the day of admission he became breathless. There was no history of diarrhoea or vomiting and the child was breast-fed entirely.

Examination. Weight, 8 lb. Temperature, 98° (rectal). No evidence of any skin lesion was present and no cyanosis or jaundice. The child was extremely dyspnoeic and there was well-marked subcostal and supra-sternal recession present. The throat was injected and there were numerous rhonchi over both lung fields. Auscultation revealed a praecordial systolic murmur. The spleen was not palpable. The leucocyte count was 20,000 per c.mm. The diagnosis appeared to be acute laryngo-tracheo-bronchitis associated with a possible congenital heart lesion. The child was placed in an oxygen tent and Terramycin was given orally. There was rapid improvement in the dyspnoea and by the seventh day the chest was absolutely

clear of physical signs except for the cardiac systolic murmur. On X-raying the chest, the heart was noted to be slightly enlarged but, of more importance, it was noticed that the long bones, which appeared on the X-ray plate, showed the typical changes of congenital syphilis (Fig. 4). The third finger of the right hand developed a fusiform swelling over the proximal phalanx, diagnosed

remarkably slow for a child of this age. No murmurs were present. The spleen was palpable.

Investigations. The standard blood Eagle test was positive.

Electrocardiogram. Only standard leads I, II and III were done. This showed the bradycardia for this age-group, which appeared to be of sinus origin (Fig. 5).



Fig. 4. X-ray showing marked osteochondritic destruction of lower ends of both femurs (Case 3).



Fig. 5. Electrocardiogram. Leads I, II and III showing bradycardia with some widening of QRS of a newborn syphilitic infant (Case 4).

There was a Q in leads II and III with some widening of the QRS and a right axis deviation.

This infant died in 24 hours and the autopsy revealed a patchy consolidation of both lungs and an enlarged, firm, congested spleen.

The microscopical examination did not reveal any pathological lesion at the proximal end of the radius. The lungs were very congested with collapse of parts of the alveoli. No spirochaetes were observed. The liver showed a fine pericellular fibrosis surrounding the individual liver cells. Scanty spirochaetes were noted having the morphological characteristics of *Treponema pallidum*; the histology of the liver conformed to that of a syphilitic cirrhosis. Nothing abnormal was detected in the heart except a pallor of the musculature.

Comment. This child presented with a desquamating skin lesion and a bradycardia. The histopathological examination revealed a syphilitic cirrhosis of the liver.

CASE 5

M. A., a female child aged 5 months, was admitted to hospital with the diagnosis of malnutrition. The baby had been well until she was 3 months old. Then she developed diarrhoea and refused her feeds. A month before admission she started coughing. She had never been yellow. The birth-weight was not known.

Examination. This revealed a very poorly nourished female child weighing 5 lb. 10 oz. No cyanosis or jaundice was present. The child had snuffles but no obvious nasal discharge.

There was a desquamating skin lesion on both legs. Nothing abnormal was detected in the heart or lungs. The spleen was not palpable.

Investigations. The standard blood Eagle test was positive. Mantoux test: negative.

X-ray. The radiological pictures of the long bones of both extremities revealed a periostitis and there was also an epiphysitis and osteitis present at the upper end of

as a syphilitic dactylitis. The blood Eagle test of the child was positive. The Mantoux test was negative.

Comment. This child presented as an acute laryngo-tracheo-bronchitis with a congenital heart lesion. The respiratory infection responded to Terramycin and oxygen therapy; only on X-raying the chest later was the syphilitic involvement of the long bones revealed and a diagnosis of congenital syphilis made.

CASE 4

P. M., a female Bantu child aged 2 days, was admitted to hospital with a diagnosis of congenital syphilis. The mother had had previous abortions and still-births. The present labour had been normal.

Examination. Weight 6 lb. No cyanosis or jaundice was present. There was a desquamating skin lesion affecting the palms of the hands and the soles of the feet. The lung fields were clear. The heart rate was 82 per minute,



Fig. 6. X-ray showing gross periostitis of upper limb bones and osteochondritis of left ulna (Case 5).



Fig. 7. X-ray of lower limbs illustrating generalized periostitis (Case 5).

the left ulna and lower end of the left humerus (Figs. 6 and 7).

Blood Count. Haemoglobin, 7.4 gm.% (Sahli).
Erythrocytes, 2,620,000 per c.mm.
Leucocytes, 9,600 per c.mm.
Neutrophils, 38%.
Monocytes, 2%.
Lymphocytes, 60%.

This showed an anaemia.

Comment. This child presented as a grossly undernourished marasmic infant, with snuffles and typical radiological bone changes. There was also present the well-marked anaemia.

DISCUSSION

Congenital syphilis is interesting from the point of view of the method of presentation, as revealed by the short case notes here described. Two cases presented as an acute laryngo-tracheo-bronchitis, one with bradycardia, one with fits and one as a marasmus.

This short series is presented mainly to illustrate the typical radiological pictures of the long bone pathology in this age-group of early infancy.

SUMMARY

A short series of cases of early congenital syphilis is reported with X-ray illustrations in four cases and E.C.G. changes in one case. These cases showed different presenting features.

I wish to thank Dr. J. D. Allen, Medical Superintendent, Baragwanath Hospital, for permission to publish these cases; Dr. Seymour Heymann, Head of the Paediatric Department, Witwatersrand University, for advice and encouragement; the X-ray Department, Baragwanath Hospital for radiological services and Dr. H. Hirsch for the laboratory investigations.

I must also thank Drs. H. Stein, Wood, Blaine, Burgin and Goldberg for very excellent progress and case notes. Finally, I wish to thank Mr. A. E. Tomaselli for the X-ray reproductions.

RADIOLOGICAL CASE BOOK. XXXIII

LOCALIZATION OF AN INGESTED FOREIGN BODY IN THE ABDOMEN

J. N. JACOBSON, M.R.C.S. (ENG.), L.R.C.P. (LOND.), D.P.M. (LOND.), D.M.R.E. (CANTAB.)

Cape Town

The patient, a European boy aged 6 years, swallowed a marble five days before. As there was doubt that the marble had been voided, he was referred for X-ray examination.

In the survey, supine views of the abdomen, the marble

On fluoroscopy, it was found that the marble could be moved about freely.

Radiography in the erect position demonstrated the marble to be in the pars pylorica (Fig. 2).

On inverting the patient, the marble dropped into the pars cardiaca and abutted the shadow of the left leaf of the diaphragm (Fig. 3).



was seen to be in the left hypochondrium (Fig. 1). It was not possible to decide whether the marble was in the stomach or in the splenic flexure.

It was then considered that were the marble in the stomach, it could be made to change its position, if the stomach were filled with fluid. The boy was given a tumblerful of water to drink.

Thus there was no doubt that the foreign body was in the stomach.

Thick porridge and anti-spasmodics were prescribed. The marble was passed per rectum about 36 hours later.

I am indebted to Dr. H. King for permission to publish the details of this case.

South African Medical Journal

Suid-Afrikaanse Tydskrif vir Geneeskunde

EDITORIAL

MODERN PHYSIOLOGY AND THE ANAESTHETIST

Man has increasingly come to play the role of the guinea-pig in current physiological research, with valuable results for medical practice, particularly in the field of anaesthesia.

A recent article by Wechsler, Dripps and Kety¹ illustrates this modern approach. By measurements on intact human subjects, they showed that intravenous administration of anaesthetic doses of Sodium Thiopental (Pentothal) did not reduce the cerebral blood flow but did significantly depress the cerebral utilization of oxygen from the normal value of 3.3 ml. to 2.1 ml. oxygen per 100 gm. brain per minute in 10 patients. The cerebral blood flow was, in fact, slightly increased by the Pentothal, probably because of an observed decrease in cerebro-vascular resistance, due partly to anoxia and partly to an increase in arterial carbon dioxide tension. Both these effects have been seen in animals and man following the administration of barbiturates, these drugs having a depressant action on the respiratory centre and more specifically on its ability to respond to changes in carbon dioxide tension.

In the majority of subjects, simultaneous bilateral jugular vein blood was sampled. This enabled the authors to show that there was no statistically significant difference in the values obtained from right and left jugular samplings and thus that there was presumably adequate mixing of cerebral venous blood from cortical and subcortical areas, not separate drainage of these areas to one or other jugular vein (as was suggested by Himwich *et al.*²).

The data obtained in this study, including the observation that the respiratory quotient of brain is significantly depressed, lend support to the modern theory of the causation of narcosis which was postulated by Quastel,³ following observations *in vitro* that cellular respiration of brain tissue homogenate in the Warburg respirometer was depressed by narcotics, including ether and barbiturates. This theory, while it does not explain the precise mechanism of anaesthesia, suggests that it is in part due to interference with the dehydrogenase systems and the role of oxygen as a hydrogen acceptor in the metabolism of the brain cells.

1. Wechsler, Richard L., Dripps, Robert D. and Kety, Seymour G. (1951): *Anesthesiol.*, **12**, 308.
2. Himwich, W. A., Homburger, E., Maresca, R. and Himwich, H. E. (1947): *Amer. J. Psychiat.*, **103**, 689.
3. Quastel, J. H. and Wheatley (1932): *Proc. Roy. Soc., B*, **112**, 60.
Quastel, J. H. (1939): *Physiol. Rev.*, **19**, 135.

VAN DIE REDAKSIE

MODERNE FISILOGIE EN DIE NARKOTISEUR

Die mens speel al hoe meer die rol van 'n proefkonyn in die teenswoordige fisiologiese navorsing, die uitslae waarvan waardevol is vir die mediese praktyk, veral op die gebied van narkose.

Wechsler, Dripps en Kety¹ het in 'n onlangse artikel hierdie hedendaagse benadering geïllustreer. Deur middel van berekenings uitgevoer op mense het hulle getoon dat die binne-aarse toediening van narkose-aanbrengende hoeveelhede van Natrium Thiopental (Pentothal) nie die bloedsuurstroom na die brein verminder nie, maar wel die brein se vermoë om suurstof op te neem, betekenisvol verlaag het vanaf die normale waarde van 3.3 ml. na 2.1 ml. suurstof per 100 gm. breingewig per minuut, in die geval van 10 pasiënte. Inderdaad was die bloedsuurstroom na die brein effens vermeerder deur die Pentothal, heel waarskynlik as gevolg van 'n waargenome verhoogde weerstand in die bloedsisteam van die harsings en wat deels die gevolg was van 'n gebrek aan suurstofgehalte en deels aan 'n vermeerderde koolsuurspanning in die arteriële bloed. Beide hierdie uitwerkinge is waargeneem by diere en mense as gevolg van toediening van barbituurpreparate, daar hul 'n dempende invloed het op die asemhalingsentrum en vernameelik op die gevoeligheid daarvan teenoor koolsuurspanning in die bloed.

In die meerderheid van gevalle is die bloed van die nekare getoets aan beide kante. Hieruit kon die skrywers vasstel dat daar geen wesenlike, statisties waarneembare verskil was in die bloedeksemplare, komende van die regter en linker nekare nie, dus dat daar blykbaar genoegsame vermenging plaasvind tussen die kortikale en subkortikale bloed sodat afsonderlike dreinerings van hierdie areas deur die een of die ander jugulaarvene nie plaasvind (soos deur Himwich *et al.*² geopper) nie.

Die gegewens verkry deur hierdie studie, insluitende die waarneming dat die asemhalingskwosient van die brein betekenisvol verlaag word, verleen steun aan die hedendaagse teorie omtrent die oorsaaklike faktore by narkose soos deur Quastel,³ veronderstel, voortspruitende uit *in vitro* waarnemings, dat die selrespirasie van 'n homogene breinmengsel in die Warburgse respirometer deur verdoofmiddels, insluitende eter en barbiturate, verminder word. Terwyl hierdie teorie egter nie die werklike meganisme verduidelik, waardeur verdoving veroorsaak word nie, tog wek dit die vermoede dat dit ten dele te wyte is daaraan dat sowel die dehidreërsisteme, as die suurstof-waterstof-verbindings in die breinsele-metabolisme gehinder word.

1. Wechsler, Richard L., Dripps, Robert D. en Kety, Seymour G. (1951): *Anesthesiol.*, **12**, 308.
2. Himwich, W. A., Homburger, E., Maresca, R. en Himwich, H. E. (1947): *Amer. J. Psychiat.*, **103**, 689.
3. Quastel, J. H. en Wheatley (1932): *Proc. Roy. Soc., B*, **112**, 60.
Quastel, J. H. (1939): *Physiol. Rev.*, **19**, 135.



**An improved
Calamine-type
Lotion
containing
'Benadryl'**

CALADRYL

'Caladryl' is a smooth, creamy lotion containing 1 per cent of the anti-histamine and anti-pruritic agent 'Benadryl' with calamine, camphor and glycerin. The lotion has emollient properties but is non-greasy.

'Caladryl' is effective in allaying the burning and irritation of sunburn and in relieving itching due to insect-bites. It also relieves pruritus associated with urticaria, dermatitis, minor skin affections, measles and chickenpox, and is indicated in all forms of cosmetic allergy.

For infants 'Caladryl' may be used for napkin-rash and teething-rash.

In 4 fluid ounce bottles

HOUNSLOW near LONDON.

PARKE, DAVIS
& COMPANY, LIMITED

Further information from any branch of LENNON LTD.

*"extraordinarily good results"*¹

IN ACUTE BRUCELLOSIS

In 20 cases of acute brucellosis, Terramycin therapy produced negative blood cultures within 48 hours, normal temperatures within an average of 3 days, and almost complete freedom from symptoms by the end of 1 week. "The uniformity of the results, regardless of the severity of the disease and the time elapsed prior to treatment is remarkable."

In another small series, "Terramycin gave excellent results which were in all respects superior to those we observed in similar cases treated with other antibiotics."²

treated with **Terramycin**

CRYSTALLINE

HYDROCHLORIDE

The growing clinical literature continues to stress:

1. The broad-spectrum activity of Terramycin against organisms in the bacterial, rickettsial and spirochetal as well as certain viral and protozoan groups.
2. The promptness of response to Terramycin in the treatment of acute and chronic infections involving a wide range of systems, organs and tissues.

Terramycin is available in a variety of oral, intravenous and topical dosage forms: CAPSULES, 250 mg., bottles of 16; 50 mg., bottles of 25. ELIXIR, 1.5 Gm. with 1 fl. oz. of diluent; ORAL DROPS, 2.0 Gm. with 10 cc. of diluent and specially calibrated dropper; INTRAVENOUS, 10 cc. vial, 250 mg., 20 cc. vial, 500 mg.; OINTMENT, 30 mg. per Gm. ointment; tubes of ½ and 1 oz.; OPHTHALMIC OINTMENT, 5 mg. per Gm. ointment; tubes of ½ oz.; OPHTHALMIC SOLUTION, 5 cc. dropper-vials, 25 mg. for preparation of topical solutions; TROCHES, 15 mg. each troche; packages of 24.

Distributor:
PETERSEN LTD.
P.O. Box 38
Capetown, South Africa

1. Ruiz Sánchez, F., et al.: *Prespa med. Mex.* 15:125 (June) 1950.
2. Bickel, G., and Plattner, H.: *Schweiz. med. Wchnschr.* 81:1 (Jan. 6) 1951.

Export Department



CHAS. PFIZER & CO., INC.
44 Exchange Place, New York 4, N.Y.

PF 103 (AP)

More important, perhaps, than its illustration of modern physiological research methods is the attention that this study directs to the fact that in producing anaesthesia, the anaesthetist is profoundly altering body physiology. Quite literally he takes the life of his patient into his hands, briefly directing and controlling it for the surgeon's convenience. The alleviation of pain is a very small part of the art of securing anaesthesia and the conscientious anaesthetist must always consider whether the anaesthetic agent used will aid or jeopardize the patient's ultimate well-being.

Van miskien groter belang as die veraanskouliking van die moderne fisiologiese navorsingsmetodes, is dat hierdie studie die aandag vestig op die feit dat, deur 'n toestand van narkose te veroorsaak, die narkotiseur die fisiologie van die liggaam diepgaande verander. Hy neem heel letterlik die lewe van sy pasiënt in sy hande en vir 'n korte wyl bestuur en beheer hy dit vir die gerief van die chirurg. Die verligting van pyn speel maar 'n geringe rol in die kuns om verdowing te bewerk en die pligsgetroue narkotiseur behoort altyd te oorweeg of die narkotiseermiddel wat gebruik word, die uiteindelijke welvaart van die pasiënt sal aanhelp of in gevaar stel.

A STRAIN-GAUGE MANOMETER*

A PRELIMINARY NOTE ON ITS CONSTRUCTION

CECIL S. JONES, M.B., Ch.B.†

and

K. A. W. PATERSON, B.Sc.‡

Durban

The resistance that a conductor offers to the passage of an electric current is a function of the composition of the conducting material and its dimensions at the temperature at which the conducting element is held. If this temperature is held constant, then the resistance of a given conductor will vary directly as its length and inversely as its cross-sectional area. If a conductor with elastic properties is subjected to a tensile strain in its long axis, the strain will tend to alter its length and its cross-sectional area. Certain alloys show a linear relationship between applied strain and electrical resistance, so that when wires of these alloys are affixed to the surface of an object which can be subjected to strain, the change in resistance of the wires when the surface is strained, is an accurate measure of the strain in the surface of the test object.

Wide use has been made of this characteristic of certain copper-nickel and nickel-chrome alloys in almost all fields of engineering, particularly in aircraft engineering, and the application to even more diverse fields, including physiological research problems, has followed. Lambert and Wood, for example, have described the use of strain gauges for measuring intra-arterial blood pressure. This preliminary report records the construction by us § of a pressure pick-up unit designed to record intra-cardiac, intra-arterial and intra-venous blood pressures. Construction was undertaken because of the difficulty, widespread in this country, of obtaining financial backing for research projects which do not contribute rapidly and considerably to the income of the backers.

The instrument (Fig. 1) consists of a 'Lucite' chamber fitted with inlet and outlet. The floor of this chamber is a metal diaphragm, to the underside of which is bonded

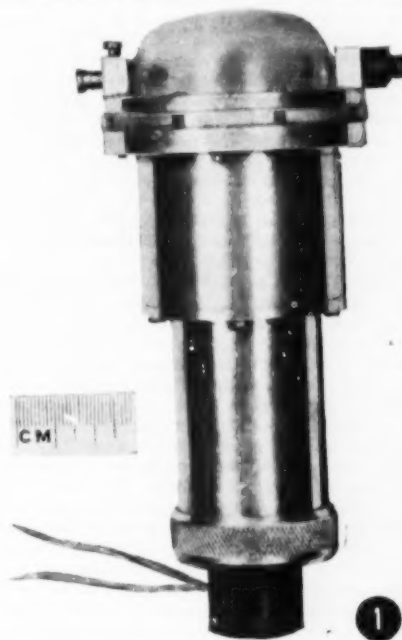


Fig. 1. The pressure pick-up unit of the Strain-Gauge Manometer.

* From the Department of Anaesthesia, Addington Hospital, Durban.

† Senior Anaesthetist, Addington Hospital, Durban.

‡ African Explosives and Chemical Industries, Umbogintwini.

§ We wish to record our indebtedness to Mr. J. G. Joubert of Messrs. Arthur Trevor Williams Ltd., Johannesburg, for supplying valued advice and assistance in securing necessary material.

an appropriate strain gauge.* This diaphragm with its strain gauge, forms the strained element. The Lucite chamber is supported by a metal case which houses the necessary resistors and compensating gauge to complete the electrical circuit. In use the Lucite chamber, after being wet-sterilized by a solution of 'Merthiolate' or 'Zephiran', will be filled with sterile heparinized physiological saline solution via the inlet, and will be connected, via the outlet and suitable tubing, stopcocks and adaptors, to either a cardiac catheter or a stainless steel, hollow needle inserted into the lumen of an artery or vein.

The recording units for use with the pressure pick-up

(or strain-gauge manometer) may consist of either a moving coil galvanometer (d'Arsonval type) or an amplifier and oscilloscope. The former can be used to obtain permanent records on moving photographic paper, when wave forms in addition to pressure changes, can be recorded. The latter can be calibrated to read pressure changes and will give non-permanent wave-form records unless a suitable tube, the face of which may be photographed, is used. The choice of recording unit will depend upon the purpose of the studies in which the manometer is to be used.

REFERENCE

- Lambert, Edward H. and Wood, Earl H. (1947): *Proc. Soc. Exp. Biol. Med.*, **64**, 186.

* Obtained from Messrs. Tinsley & Co., England.

ASTHMA AND DERMATITIS CAUSED BY CHLOROPLATINIC ACID

JAMES MARSHALL, M.D.

University of Pretoria, Pretoria

Allergic reactions caused by exposure to platinum compounds have rarely been reported and the case now to be described appears to be the first seen in South Africa.

Platinum metal and its alloys and salts are used in a variety of ways in jewellery, dentistry, photography and the chemical and electrical industries. Metallic platinum acts as a catalyst in many chemical processes, especially when in a finely divided state (as platinum sponge or platinum black). Thus hydrogen combines with oxygen at ordinary temperatures in the presence of platinum sponge; and platinum is used industrially as a catalyst in the preparation of sulphur trioxide, in the oxidation of ammonia to nitric acid, and in other processes.

Chloroplatinic acid (H_2PtCl_6), the compound implicated in this case, is formed when platinum is dissolved in aqua regia ($Pt + 2HCl + 2Cl_2 \rightarrow H_2PtCl_6$), and is obtained as reddish-brown crystals by evaporation. On heating it loses hydrogen chloride and chlorine leaving behind pure platinum.¹

Schwartz, Tulipan and Peck² note that dermatitis has resulted from contact with platinum oxides, platinum chloride, and potassium chloroplatinate. The first observation of allergic reactions to a platinum compound seems to be that of Karasek and Karasek (cited by Hunter *et al.*³) who reported irritation of the respiratory passages and dermatitis in photographic workers handling paper containing potassium chloroplatinate. Hunter, Milton and Perry³ have reported very fully on the asthma of workers with the complex salts of platinum in the processes of refining the metal. Whatever method is used in refining, the platinum is precipitated in the form of a complex salt, either ammonium chloroplatinate which is then ignited to produce platinum sponge, or sodium chloroplatinate. These salts are handled in dry and wet processes and may reach the atmosphere as dust or droplets in a fine spray. The asthma syndrome occurred in 52 out of 91 men exposed to dust or spray of these salts.

The symptoms were running of the nose, sneezing, tightness of the chest, shortness of breath, cyanosis,

wheezing and cough. Affected workers could be employed in handling complex salts of ruthenium, rhodium or palladium without recurrence of symptoms; and platinum-metal dust in much higher atmospheric concentration never gave rise to any symptoms. Skin lesions were noted in 13 workers; most had a scaly erythematous dermatitis of the hands and forearms and sometimes face and neck, but others had urticaria.

Our patient was employed on a process similar to that used in refining platinum and his symptoms were like those described by Hunter in refinery workers.

Case History. Mr. D. B. S., a European male aged 25, was first seen in July 1951 when he complained of a rash affecting his left thigh, hands and face. He gave no history of any previous skin or allergic disease and there was no family history of allergy.

He had worked as a laboratory assistant for over a year and had been employed intermittently during the previous eight months in the preparation of a platinum catalyst. Part of this process consisted of the deposition of platinum metal on a base; and this was accomplished by evaporating chloroplatinic acid over hot plates in an exhaust-ventilated fume cupboard. The fluid had, however, to be stirred by hand and the operator was bound to inhale a certain small amount of fumes and to have his hands contaminated by the acid.

In March 1951, about four months after he had first begun work on this process, the patient began to experience attacks of 'tightness of the chest' while at work. He felt 'as if no oxygen were reaching the lungs'. At the same time his eyes and nose watered and he soaked his handkerchief many times in a day. The attacks worked up to an evening climax, but had passed off by the next morning. On one occasion he was off work for a week with 'bronchitis' which he considers to have been a major attack.

One day in June 1951 he wiped his work bench clean of chloroplatinic acid (concentration unknown) with his handkerchief. The next morning there was a patch of erythema on his left thigh, corresponding to his trouser

pocket where he kept his handkerchief. Two weeks later a rash appeared on the dorsa of both hands; and about ten days later still the face became affected.

When first examined he presented a patch of erythematous, oedematous, scaling and excoriated acute dermatitis, about 10 cm. in diameter, on the upper and anterior aspect of the left thigh. The dorsa of both hands and wrists were similarly affected; and there were similar lesions of both cheeks, and oedema of the eyelids.

Patch tests of the substances used in his work were applied to the anterior surfaces of the forearms and the following results were obtained:

- 1% Hydrochloric acid: Negative after 48 hours.
- 1% Nitric acid: Negative after 48 hours.
- 1% Chloroplatinic acid: Positive 4-plus (bullous reaction) in less than 24 hours.

Removed from work and treated only with bland applications, the patient rapidly recovered from his dermatitis and had no further asthmatic attacks.

The process on which the patient was employed has been in use in the factory where he worked since 1941 and this is the first time that any worker has shown evidence of sensitivity. The reason for this lies in the observation of Hunter *et al.*³ that dry processes are more dangerous than wet.

SUMMARY

A case of sensitivity to chloroplatinic acid with respiratory and cutaneous manifestations is described. The question of sensitivity to platinum compounds is briefly reviewed.

REFERENCES

1. Bjerrum, N. (1948): *Inorganic Chemistry*, 2nd ed., p. 304. London: Heinemann Ltd.
2. Schwartz, L., Tulipan, L. and Peck, S. M. (1947): *Occupational Diseases of the Skin*, 2nd ed., pp. 196 and 452. Philadelphia: Lea and Febiger.
3. Hunter, D., Milton, R. and Perry, K. M. A. (1945): *Brit. J. Indust. Med.*, 2, 92.

HYPOTENSIVE ANAESTHESIA IN PLASTIC SURGERY

JACK PENN, F.R.C.S.

and

H. BENTEL, M.B., B.Ch.

Johannesburg

It is generally accepted that in plastic surgery spinal and transfusional methods of producing hypotension under anaesthesia are not suitable. The use of the Methonium compounds, together with postural control, is the method advocated here. It is possible that the type of drug, together with technique and dosages, may alter from time to time; but there is no doubt that the principle of procedure is sound and is probably one of the greatest advances in maxillo-facial anaesthesia, since the advent of intra-tracheal methods.

The primary purpose of the procedure is to lower the systolic blood pressure to a level whereby bleeding from the capillaries and arterioles is practically nil and bleeding from larger vessels, though obvious, is less violent and therefore easily caught and ligated.

From the surgeon's point of view the rhythm of the operation is uninterrupted as there is a clear operation field, a minimum of trauma is inflicted, and there is, of course, very little suture material buried.

From the patient's point of view, less anaesthesia is needed under low pressure and this seems to diminish the incidence of post-operative discomfort and post-operative sickness.

The younger and fitter the patient, the more difficult it is to bring the pressure down and to keep it down. Babies and young children are not suitable subjects. By the same token, older patients, particularly those with a certain amount of hypertension, are usually excellent. Coronary disease and nephritis are contra-indications; but, taken by and large, there is no need to add to the list of contra-indications to anaesthesia that normally obtains. It is necessary, before the anaesthetist undertakes to carry

out hypotensive methods, to know what the operation is likely to entail and how much bleeding may be expected. If large blood vessels are to be cut it is essential that they be clipped immediately, for even a small blood loss is to be avoided. Bleeding 'in the dark' is something to be avoided particularly. Should there be a possibility of this happening, it is necessary to take the precaution of having fluid, or better still, blood at hand for immediate replacement.

Before carrying out the procedure a full clinical examination is made, particular attention being paid to the cardio-vascular systems. The patient is premedicated with Omnopon, gr. 1/6 and Atropin, gr. 1/75, an hour before surgery. The blood pressure after premedication is noted. Intraval 0.5 gm. with Flaxedil 60-80 mg. is used to induce. The patient is intubated and allowed to settle with gas, oxygen and a small amount of ether. The throat is packed off. Maintenance is on gas and oxygen in a 1 : 1 ratio or 100% oxygen, using circle-absorption system, with the respiratory valve open and the addition of small amounts of Intraval or ether. When the patient is settled the blood pressure is taken. The table is tilted 30° to 40° to the foot-down position, the foot-rest preventing slipping. After three minutes the blood pressure is read again and any difference noted. From these different blood pressure readings an assessment can be made about how much Hexamethonium to use.

The usual dose is 50 mg. for young, healthy adults; 30-40 mg. for patients over 40, and 20-30 mg. for patients over 50 and those who have a mild hypertension, or for those who exhibit a fall in blood pressure due to posture alone.

A Gordh needle is inserted into any suitable vein in the foot and the Hexamethonium Bromide is given. The blood pressure is checked at minute intervals. It should come down within five minutes. If it does not, half the initial dose again is given, and if this has no effect the method is abandoned. Older patients with hypertension show a marked fall with tilting of about 20°. Young, healthy adults require more tilting and larger doses and there is a rise in pulse rate. If the pulse rate increases to above 150 beats per minute, one is particularly careful when giving more Hexamethonium Bromide. Blood pressures of between 50-60 mm. Hg should be maintained.

The initial or supplemented dose of the drug usually lasts from 30 to 40 minutes and sometimes hypotension can be maintained at the end of this period by increasing the tilt of the table. Subsequent doses vary from 10 to 25 mg. The last injection of Hexamethonium should be given not less than 20 minutes before completion of the operation. All surgery must be completed before the blood pressure is allowed to rise. This is accomplished by tilting the patient back to the horizontal. The blood pressure should be not less than 80 mm. Hg and rising when the patient leaves the theatre.

One thing is certain, and that is the fact that this is no drug to be used by the occasional anaesthetist; nor should it be used in any nursing home where the staff cannot be relied upon to carry out implicitly the instructions of the anaesthetist and surgeon. The cases mentioned here were carried out at one clinic which has a constant, highly-trained staff. This has enabled the anaesthetist, the surgeon and the nursing staff, to work in close co-operation and this is the only guarantee of good results. The tendency is, of course, for surgery to become a team job, and probably nowhere is it better exhibited than in the case requiring this type of anaesthesia, where it is necessary for the utmost confidence to exist between anaesthetist, surgeon and ward sister.

Surgical shock is not a feature, as the autonomic ganglia have been paralysed. But uncontrolled bleeding, even to a comparatively minor extent, may be catastrophic if replacement is not immediate. Nor is the responsibility over when the patient leaves the theatre, for treatment is not completed until he is back in bed with the blood pressure stabilized at a satisfactory level.

At this stage it may be useful to indicate observations in specific cases selected from 50 consecutive patients who received this form of anaesthesia.

1. *Mr. A. F.* Age 29. Recurrent rodent ulcer of upper eyelid and inner canthus. Removal with free-graft replacement. No blood vessels were tied at all. Healing uninterrupted.
2. *Mr. J. J.* Age 34. Rhinoplasty following removal of epithelioma affecting the whole of the left ala. Local skin flaps carried out with very little oozing. Healing uninterrupted.
3. *Mr. S. G. W.* Age 60. Epithelioma of cheek the size of half-a-crown. Removal of whole area through facial muscles, together with periorbital fat. Very little bleeding. At one stage oozing commenced with head tilted back for better visibility, but this stopped immediately when it was raised again. Free-graft replacement of raw area with uninterrupted healing.
4. *Mrs. A. D.* Age 48. Radio-necrosis of neck over a large area following X-ray treatment of thyrotoxicosis. The whole area was excised and replaced immediately by a double flap taken from the chest on each side, the raw areas on the chest being replaced by Dermotome grafts. In spite of scarring of the pre-tracheal region, including the pre-tracheal muscles, no

bleeding occurred from this area. The colour of the flaps was excellent throughout and only six blood vessels were tied during the whole procedure. No post-operative oozing or oedema. Uninterrupted recovery.

5. *Mr. J. L.* Age 44. Rodent ulcer of bridge of nose the size of a sixpenny piece. Treated by excision and replacement by rotation flap from the side of the nose, the donor area being covered by means of a free graft taken from the upper arm. No bleeding at all from the area of operation on the nose, nor from the arm whence came the free graft. Healing uninterrupted.

6. *Mrs. V. McC.* Age 32. Epithelioma involving both ear ducts and adjacent area of both lids, together with canthal region. Complete removal of this area with through and through removal of the inner third of both eyelids. Repair by lateral canthotomy and advancement flaps. Three vessels tied. No post-operative oedema or bruising.

7. *Mr. J. A. van B.* Age 32. Leukoplakia of lower lip. Excision and repair by advancement. No bleeding, no bruising, no post-operative swelling. Uninterrupted healing.

8. *Mr. F. T.* Age 58. Recurrent epithelioma of right lower lip/cheek region. Removal of an area the size of a crown piece through muscle, down to mucous membrane. Repair by descending swing flap from naso-labial fold area. Facial artery was cut and this was the only vessel tied. No post-operative bruising or oedema. Healing uninterrupted.

9. *Mrs. E. T.* Age 36. Complete removal of nose with replacement by forehead flap. Free-graft replacement of raw area on forehead. Operating time one hour ten minutes, which was approximately half the usual time taken as very few blood vessels were ligated. No post-operative shock, haemorrhage or oedema. Healing uninterrupted.

10. *Mr. G.* Age 40. Loss of nose due to an accident. Replaced by forehead rhinoplasty. The second stage was carried out under hypotensive anaesthesia. Haemostasis was excellent, no blood vessels tied and no post-operative shock or oedema.

11. *Miss S. D.* Age 20. Repair of secondary cleft lip and associated nasal deformity. No blood vessels tied. Healing uninterrupted.

12. Several cases of nasal correction were carried out including fractured noses associated with submucous resection of septa. In all cases bleeding was conspicuous by its absence and post-operative bruising and swelling far less than previously obtained with local anaesthesia or ordinary general anaesthesia.

13. *Miss T. R.* Age 17. Old gunshot wound of the face destroying anterior half of hard palate with subsequent loss of buccal sulcus and causing dish-face deformity. Buccal inlay was carried out under vision. It was possible to do the whole procedure quickly and systematically and only three blood vessels were tied. Very little post-operative oedema. Full take of graft. Teeth extractions carried out at the same time did not bleed at all.

14. *Miss I. J.* Age 18. Hemiatrophy of the face. Pedicle flap adjustment and corrective rhinoplasty. Good haemostasis, minimal oedema, good healing.

15. *Mr. E. R.* Age 27. Scars of hand and Dupuytren's contracture. Clean operation with two or three blood vessels tied. Pressure bandage applied. Practically no oedema post-operatively and return of movement more rapid than is usually observed.

16. Several operations were performed on the cheeks, either for removal of scars or as part of face-lift procedures. In all cases except one haemostasis was good. In this particular case menstruation commenced on the following day and it was felt this may have been a factor.

17. *Miss P. E.* Age 21. Plastic procedure on both ears. Here the result of haemostasis was not particularly good and the method was abandoned. Menstruation started the following day.

18. Eyelid operations either for the reduction of the lids, removal of peri-orbital fat or the implantation of dermal tissue associated with socket contracture have all proved successful so far as haemostasis is concerned. No blood vessels were tied in any of these cases.

19. *Miss M. S.* Age 27. Removal of keloid scar of lower lip. After high tilt and administration of 100 mg. of hexamethonium bromide in divided doses, the blood pressure could

Aureomycin

HYDROCHLORIDE
CRYSTALLINE

Lederle

Infections Caused by Gram-positive Bacilli and Rickettsial Organisms

Aureomycin is the drug of choice in rickettsial infections, including epidemic and murine typhus, boutonneuse fever, scrub typhus, Q fever, and African tick-bite fever.

Aureomycin has been found effective in the treatment of clostridial infections. Its use with antiserum has been advised in gas gangrene infections.

For anthrax, aureomycin with sulphadiazine is probably the most satisfactory treatment. Aureomycin has been reported useful in corynebacterium peritonitis.



Packages:

Capsules, bottles of 25 and 100, 50 mg. each,
and bottles of 16 and 100, 250 mg. each.

Aureomycin is manufactured in England by:

LEDERLE LABORATORIES DIVISION

Cyanamid Products Ltd

NORTH WEST WIND • BUSH HOUSE • ALDWYCH • LONDON, W.C.2

Sole Distributor in South Africa:

ALEX. LIPWORTH LTD. • 1-3 DE VILLIERS STREET • JOHANNESBURG • SOUTH AFRICA

Haemoglobin regeneration

MACROVITE

ADULT DOSE

One tablespoonful three times daily.

CHILDREN

One teaspoonful three times daily or according to age.

A SOUTH AFRICAN PRODUCT MADE BY

SAPHAR LABORATORIES LTD.

P.O. BOX 256, JOHANNESBURG

P.O. Box 548 CAPE TOWN

P.O. Box 2383 DURBAN

P.O. Box 789 PORT ELIZABETH

is a liquorice-flavoured preparation containing Liver, Yeast, Iron and Copper.

The combination ensures maximum haemoglobin regeneration in cases of secondary anaemias and provides an excellent tonic in convalescence.



Sole South African Distributors:

STUART JONES & DAVID ANDERSON LTD.

Chemical House, 20, Queen Street, Durban

and their associates:

B. OWEN JONES LIMITED

Boksburg, East London and Cape Town

The new Sterile, Absorbable Haemostatic

Spongostan is indicated in capillary and venous haemorrhage of any kind. It is easy to apply, and no apparatus or other measures are required.

The use of Spongostan has been clinically established in:

1. Prostatectomy.
2. Thoracoplasty, as a packing material and haemostatic.
3. Operation for Vaginismus.
4. Sponge-biopsy in diagnosis of cancer.
5. Neuro-surgery.
6. Otorhinolaryngology.
7. Minor haemorrhages. (e.g. epistaxis) encountered in general practice.

Spongostan is available in:

1. Standard packs consisting of 2 pieces of $5 \times 8 \times 1$ cm of sterile sponge, in separate wrappers, and placed in a heat sealed pliofilm bag.
2. Hospital pack, consisting of 10 heat sealed pliofilm bags each consisting of 2 pieces of $5 \times 8 \times 1$ cm of Sterile sponge.

SPONGOSTAN

Haemostatic, Absorbable Gelatine Sponge

not be brought below 60 mm. Hg., which was sufficient to effect only fair haemostasis. The method was then abandoned.

20. Mr. A. Age 71. Cheek plastic, associated with scar removal. Primary systolic blood pressure 170 mm. Hg. stabilized at 60-70 mm. Hg. Excellent haemostasis. This patient was an alcoholic and was difficult to induce, requiring more anaesthesia than usual. Immediately after hexamethonium bromide was given, he settled down quietly and very little anaesthesia was necessary for the rest of the operation. Plethoric cases of this type would normally require large amounts of anaesthetic; but he appeared to keep under very smoothly with minimal quantities, when once the blood pressure was brought down.

To date 100 patients in our care have received surgery under Hexamethonium Bromide. The results in 86% of the cases have been good to excellent. In 11% haemostasis has been fair. In 3% we have failed to influence operative bleeding. There have been no deaths, no untoward complications or post-operative symptoms referable specifically to the method of anaesthesia.

SUMMARY

1. Hypotensive anaesthesia utilizing Hexamethonium Bromide has proved to be effective in reducing the amount of anaesthetic used. Shock is not a feature and post-operative sickness is minimized.

2. Venous thrombosis, cerebral anaemia, intestinal ileus, renal break-down, or any other complications that may be attributed to autonomic paralysis or very low blood pressure have not been observed. It is felt that these complications can be avoided by correct selection of cases,

careful blood pressure readings throughout, full oxygenation, avoidance of prolonged operations and adequate after-treatment.

3. The reduction in bleeding improves surgical accuracy, lessens trauma and buried suture material, shortens operation time and reduces post-operative oedema and bruising to a minimum. The extent of tumour, disease or scar to be removed can be assessed more accurately, and skin-flap viability is more easily gauged.

4. The Methonium compounds used to produce the fall in blood pressure should be used only by skilled anaesthetists. Team work is essential, calling not only for full co-operation between anaesthetist and surgeon but also between the doctors and the nursing staff. Good post-operative care is essential.

REFERENCES

- Burn, J. H. and Dale, H. H. (1915): *J. Pharmacol.*, **6**, 417.
 Burt, C. C. and Graham, A. J. P. (1950): *Brit. Med. J.*, **1**, 445.
 Douthwaite, A. H. and Thorne, M. G. (1951): *Brit. Med. J.*, **1**, 111.
 Enderby, G. E. H. (1950): *Lancet*, **1**, 1145.
 Enderby, G. E. H. and Pelmore, J. (1951): *Lancet*, **1**, 663.
 Gillies, J. (1950): *Ann. Roy. Coll. Surg. Eng.*, **7**, 204.
 Hughes, G. (1951): *Lancet*, **1**, 667.
 McLaughlin, C. R. and Ireland, V. E. (1950): *Plast. Recon. Surg.*, **6**, 301.
 McLaughlin, C. R. and Watson, J. (1951): *Brit. J. Plast. Surg.*, **2**, 121.
 Paton, W. D. M. (1951): *Brit. Med. J.*, **1**, 773.

NEW PREPARATIONS AND APPLIANCES

CHLOR-TRIMETON REPEAT ACTION TABLETS

Chlor-Trimeton Maleate—Schering's brand of chlorphenylpyridamine, possesses the highest therapeutic index of any drug of its class and is now available in a specially designed tablet for both prompt and sustained effect.

Each tablet contains a total of 8 mg. Chlor-Trimeton Maleate. The outer portion of the tablet contains 4 mg. in a form which is readily absorbed and rapidly effective. The central core of the tablet contains an additional 4 mg. of Chlor-Trimeton Maleate protected by a special coating which delays absorption after ingestion of this dose for 4 to 6 hours. Thus the administration of a single repeat action tablet

affords the patient 8 to 10 symptom-free hours of continuous relief.

Chlor-Trimeton antagonizes many of the characteristic effects of histamine and is of value clinically in the prevention and relief of many allergic manifestations. Unwanted side actions such as drowsiness and nausea are relatively infrequent.

Chlor-Trimeton Repeat Action Tablets each 8 mg. available in bottles of 20 and 100 tablets.

Manufactured in the Union of South Africa by: Schering (Pty.) Limited, 127 Anderson Street, Johannesburg.

For and under the formulae and technical supervision of Schering Corporation, Bloomfield, N.J., U.S.A.

ASSOCIATION NEWS : VERENIGINGSNUUS

MINUTES OF A MEETING OF THE FEDERAL COUNCIL OF THE MEDICAL ASSOCIATION OF SOUTH AFRICA, HELD AT MEDICAL HOUSE, 5 ESSELEN STREET, JOHANNESBURG, ON 20-22 SEPTEMBER 1951

Present:—Border Branch: Dr. L. L. Alexander, Dr. R. Schaffer.

Cape Western Branch: Prof. J. F. Brock, Dr. J. P. de Villiers, Dr. J. C. Gie, Dr. A. I. Goldberg, Mr. L. B. Goldschmidt, Dr. T. Shadick Higgins, Mr. M. Cole Rous, Dr. A. W. S. Siebel.

East Rand Branch: Dr. E. Meltzer, Dr. J. Q. Ochse.

Griqualand West Branch: Dr. J. P. Collins.

Natal Coastal Branch: Dr. A. Broomberg, Dr. H. Grant-Whyte, Mr. A. G. Sweetapple, Dr. A. B. Taylor.

Natal Inland Branch: Dr. S. Disler, Dr. L. Young.

Northern Transvaal Branch: Dr. N. L. Murray, Dr. J. H.

Struthers, Dr. J. H. Sypkens, Dr. W. Waks.

O.F.S. and Basutoland Branch: Dr. C. H. Derksen, Dr. D. Serfontein, Dr. R. Theron.

Southern Transvaal Branch: Dr. J. Black, Dr. L. I. Braun, Dr. W. Chapman, Mr. D. de Bruijn, Dr. C. A. H. Green, Dr. Seymour Heymann, Dr. T. Schneider, Dr. M. Shapiro, Dr. A. van der Poel, Dr. L. O. Vercueil, Mr. J. Wolfowitz.

Transkei Branch: Dr. J. D. Joubert.

Ex Officio: Dr. J. H. Harvey Pirie, *Immediate Past Chairman;* Dr. J. S. du Toit, *Hon. Treasurer.*

In Attendance: Dr. A. H. Tonkin, *Medical Secretary;* Dr. L. M. Marchand, *Asst. Medical Secretary.*

Observer: Dr. G. C. A. van der Westhuyzen, *Asst. Editor.*

THURSDAY, 20 SEPTEMBER

The meeting commenced at 10 a.m.

The Medical Secretary called for nominations for the post of temporary Chairman.

It was proposed by Dr. Theron, seconded by Dr. du Toit and resolved *nem. con.* that Dr. Harvey Pirie be appointed temporary Chairman.

For the benefit of the new members, Dr. Pirie gave a brief résumé of the events which had led to a change in the Constitution, as a result of which the Council would in future elect a President of the Association and a Chairman of the Council. The former would be an annual appointment, while the latter would be for the three years following the triennial election. *Noted.*

1. *Notice Convening the Meeting*, which had been published in the *Journal* of 1 September, 1951, was taken by general consent as read.

2. *Proxies*: Prof. J. F. Brock to act for Dr. P. Jabkovitz.

3. *Apology*: Dr. W. P. Steenkamp, Cape Western Branch.

4. *Election of Chairman of Council*: Dr. Pirie then called for nominations for the position of Chairman of the Council. It was proposed by Dr. Struthers and seconded by Dr. Shapiro that Dr. A. W. S. Sichel be appointed Chairman of the Council. Both spoke appreciatively of the work which Dr. Sichel had done in the past.

There were no other nominations and Dr. Sichel signified his willingness to accept the appointment. *Acclamation.*

Dr. Pirie then inducted Dr. Sichel as Chairman of the Council and in a few words congratulated the Council on its choice. Dr. Sichel thanked the Council for its confidence in him and for the way in which it had received his renomination. *Acclamation.*

5. *New Members*: On taking the Chair, Dr. Sichel stated that it was customary for new members of the Council to be introduced by colleagues from the areas from which they came.

Dr. Theron introduced Dr. Derksen of Kroonstad; Dr. Schaffer introduced Dr. Alexander of East London; Dr. Schneider introduced Messrs. de Bruijn and Wolfowitz and Dr. Seymour Heymann of Johannesburg; and Dr. W. Chapman of Vereeniging; Dr. Struthers introduced Drs. Waks and Murray of Pretoria; Dr. Meltzer introduced Dr. Ochse of Nigel; Dr. Broomberg introduced Dr. Taylor of Durban; Dr. Black introduced Dr. van der Poel of Potchefstroom; Dr. Disler introduced Dr. Young of Pietermaritzburg.

At this stage Prof. Brock asked the Chairman to explain the procedure which was to be adopted regarding the election of the President and Vice-President of the Association. The Chairman stated that under the new By-Laws adopted at the last meeting of the Council, the posts of President and Vice-President would be annual appointments made by the Federal Council. If a Branch had invited the Association to hold a South African Medical Congress in its centre, it would be reasonable for the Branch concerned to put forward the name of a Vice-President who would be the President-Elect for the year in which the Congress was to be held. The actual appointment would be made by the Federal Council, but only in exceptional circumstances would it be conceivable that the Council would not follow the suggestion of the Branch. In the present instance there was to be no Congress until late in 1952 when the Southern Transvaal Branch had invited the Association to meet in Johannesburg. It would thus be necessary at this meeting of Council to appoint a President and a Vice-President who would also be President-Elect and who would assume office at the Congress Meeting in 1952. The Southern Transvaal Branch had already submitted the name of a President-Elect and this would be made known in due course. *Noted.*

6. *Vice-Chairman of Council*: The Chairman then called for nominations for the post of Vice-Chairman of Council. It was proposed by Mr. Goldschmidt and seconded by Prof. Brock that Dr. Braun be appointed Vice-Chairman of the Council. There were no other nominations and Dr. Braun was declared elected. *Acclamation.*

7. *President of the Association*: The Chairman called for nominations for the Presidency of the Association, adding that in the unique circumstances he felt honoured to nominate Dr. Theron as President.

This was received with *acclamation* and was seconded by Dr. du Toit. There were no further nominations and Dr. Theron was declared elected as President of the Association for the year 1951-1952. *Acclamation.*

Dr. Theron expressed shortly his thanks to the Council for the honour which had been paid to him, and he was duly

installed with the badge of office by the Chairman of the Council.

8. *Vice-President/President-Elect of the Association*: The Chairman called for nominations for this post, and on behalf of the Southern Transvaal Branch Dr. Schneider proposed that Dr. Braun be elected. He stated that his Branch Council felt that it could put up no better man than Dr. Braun for this position, and spoke appreciatively of Dr. Braun's work both for the Southern Transvaal Branch and for the Association as a whole. This proposal was seconded by Dr. Schaffer. No further nominations were put forward and Dr. Braun was declared elected. *Acclamation.*

ELECTION OF COMMITTEES

9. *Executive Committee*: The Medical Secretary read the relevant By-Law and reminded members of a previous resolution of the Council that as far as possible membership of the Executive Committee should be spread amongst the various Branches of the Union.

Mr. Sweetapple was nominated by Dr. Broomberg and seconded by Dr. Grant-Whyte; Dr. Struthers was nominated by Dr. Sytkens and seconded by Dr. Murray; Dr. de Villiers was nominated by Dr. du Toit and seconded by Mr. Goldschmidt; Dr. Black was nominated by Dr. Green, but he stated that he would not be willing to accept; Dr. Schaffer was nominated by Dr. Alexander and seconded by Dr. Goldberg; Dr. Shapiro was nominated by Dr. Schneider and seconded by Dr. Meltzer. There were no other nominations and the five nominees were thus declared elected. *Acclamation.*

10. *Central Ethical Committee*: The Medical Secretary read the relevant By-Law and also the names of the members who had previously served on this committee.

Mr. Goldschmidt was nominated by Dr. Goldberg and seconded by Dr. Gie; Dr. Shadick Higgins was nominated by Dr. Pirie and seconded by Dr. de Villiers; Dr. Broomberg was nominated by Mr. Goldschmidt and seconded by Mr. Sweetapple; Dr. Collins was nominated by Dr. Alexander and seconded by Dr. Disler; Dr. Black was nominated by Mr. de Bruijn and seconded by Dr. Gie; Prof. Brock was nominated by Dr. du Toit and seconded by Dr. de Villiers, but he asked to be allowed to withdraw his name; Dr. Schneider was nominated by Dr. Meltzer and seconded by Dr. Ochse; Dr. Sytkens was nominated by Dr. du Toit and seconded by Dr. Black; Dr. Derksen was nominated by Dr. Grant-Whyte and seconded by Mr. Sweetapple.

The Chairman stated that it would be necessary to hold a ballot and appointed Dr. Meltzer to act as scrutineer with the Medical Secretary. After the ballot had been taken, the Chairman announced that Drs. Broomberg, Collins, Shadick Higgins and Sytkens, with Mr. Goldschmidt, had been elected to the Central Ethical Committee.

11. *Introduction of Assistant Medical Secretary and Assistant Editor*: While the ballot had been counted, the Chairman had taken the opportunity to introduce to the Council Dr. L. M. Marchand, the Assistant Medical Secretary, and Dr. G. C. A. van der Westhuyzen, the Assistant Editor.

12. *Honorary Treasurer of the Association*: Also during the counting of the ballot vote, the Chairman had called for nominations for the post of Honorary Treasurer of the Association. Dr. du Toit was nominated by Dr. Gie, seconded by Dr. Pirie. There were no other nominations and Dr. du Toit was declared re-elected. *Acclamation.*

In thanking the Council for the honour which it had once more bestowed on him, Dr. du Toit stated that one of the responsibilities which he gladly undertook was that of Treasurer of the Benevolent Fund as he had a considerable interest in the Fund and wished to see it grow. His remarks were received with *acclamation*.

13. *Central Committee for Contract Practice*: Before proceeding to the election, discussion ensued as to the composition of this Committee. It was eventually agreed for the purpose of this present election that there should be a 'best man' Committee, it being understood that each Branch represented would have the opportunity to nominate one of its members to serve, but in the case of the Southern Transvaal Branch an additional member might be nominated, although this would not serve as a precedent.

The Chairman then called for nominations.

Dr. Grant-Whyte was nominated by Dr. Broomberg and



Formula For rapid recovery



When the patient describes symptoms of lassitude, loss of appetite, nervous exhaustion and lack of body tone, and needs a tonic, Vinuphos is indicated.

The formula of Vinuphos provides glycerophosphates, nucleic acid, mineral elements and vitamin B₁ for the restoration of normal vitality.

Vinuphos is the ideal tonic for patients who are needing a stimulus to the nervous system particularly those who are convalescing from illness or who have undergone mental or physical strain.

Vinuphos

TRADE MARK

In bottles of 4, 8, 16 and 80 fl. oz.

ALLEN & HANBURY'S (AFRICA) LTD
INCORPORATED IN ENGLAND
409-11 SMITH STREET DURBAN

VF 2

★

• **ASTHMA**
• **BRONCHITIS**
• **EMPHYSEMA**

are rapidly relieved by the

Bronchovydin **INHALATION THERAPY**

**DIRITAX HAND INHALER**

BRONCHOVYDRIN is a specially balanced Adrenaline technique obviating parenteral injections and free of any secondary effects, yet affording dramatic relief of all forms of bronchospasm, whether physical, nervous or allergic.

Available with or without a Face Mask

Available in cartoned bottles of 12.5 gm.

RIDDELL *Inhalers*

SUPER PAG is a large table model and can be supplied with single or double bulb, also with bakelite stand.

**SUPER PAG HAND INHALER**

PNEUMOSTAT ELECTRIC INHALER is suitable for AC-DC of 90-110 volts or 200-250 volts, and is supplied complete with two **SUPER PAG** Inhalers either of which is brought into use by a two-way tap.

RIDDELL INHALERS deliver a fine degree of dry atomisation in the region of 20 microns, which is absorbed by the alveoli with extreme rapidity affording relief to an **ASTHMA** attack within the matter of seconds and yet is very easily administered by the patient without inconvenience.

Please write for technical data.

**PNEUMOSTAT ELECTRIC INHALER**

Sole
Manufacturers

RIDDELL PRODUCTS LIMITED

**LONDON
W.I.**

AXTELL HOUSE, WARWICK STREET

South African Representatives: FASSETT & JOHNSON LTD., 72 SMITH STREET, DURBAN. Phone: 2-9521

AMIGEN



**"Surgery has been made safe for the patient;
we must now make the patient safe for surgery"**

The above epigram, credited to a famous surgeon, emphasizes the necessity of achieving optimum nutrition in the surgical patient. Among the essential nutrients contributing to optimum nutrition, few equal protein. As a source of parenteral protein nourishment, Amigen® solutions are effective, convenient and economical.

Amigen holds a special place in the esteem of the medical profession. Rarely has a product received such wide recognition. Over 500 references to Amigen

have appeared in medical and scientific literature.

Amigen provides all the amino acids needed for synthesis of tissue protein. By the use of Amigen, the physician can provide protein nutrients parenterally—when the patient cannot take food by mouth; when complete rest of the alimentary tract is desired; when parenteral supplementation of oral food intake is indicated.

On request, we will be pleased to send the Amigen Handbook for Physicians.

AMISSET

Mead Johnson & Company's Amiset® features a new air filter, a plastic drip-chamber, an efficient tubing compressor, and a plastic needle adapter. The Amiset is designed to save time and is efficient, convenient, and economical.

© T. M. Reg. U. S. Pat. Off.

MEAD'S

MEAD JOHNSON & CO.
EVANSVILLE 21, IND., U. S. A.

South African Trade Enquiries: Johnson & Johnson (Pty.) Ltd., P.O. Box 727, East London

protein

AS YOU LIKE IT

This is a milk jelly any housewife could

make yet it contains seventy-seven

grams of protein—as much protein as in four pints of milk or a dozen eggs. It*

was made that way by Casilan the whole protein food that will do the same for practically

any food or drink. Whole protein . . . twenty-six grams per ounce . . . that is Casilan. Flavourless

protein too, and that is why milk jelly—Casilan enriched—tastes of milk jelly alone.

Casilan

WHOLE PROTEIN FOOD

• Only 42 grams of protein if made without Casilan

8 oz. and 40 oz. tins



GLAXO LABORATORIES (S.A.) (PTY.) LTD., P.O. BOX 9875 JOHANNESBURG
Agents South Africa: Menley & James (Col.) Ltd., P.O. Box 784, Port Elizabeth, Rhodesia; Geddes Ltd., P.O. Boxes 877, Bulawayo; 1001, Salisbury.

AA 225

from
surface
pain

To the many problems set you by patients suffering the distress of superficial pain, 'Anethaine' Ointment provides a sure and simple answer. 'Anethaine' Ointment brings rapid relief from the irritation of such conditions as haemorrhoids, anal fissures, minor burns and stings—relief moreover, which lasts for at least two hours. In gynaecology, 'Anethaine' Ointment swiftly soothes the extreme distress of pruritis vulvae; for instrumentation it is a useful lubricant, facilitating the examination and reducing the patient's discomfort. 'Anethaine' Ointment is clean to use and is easily washed from skin or clothing.



ANETHAINE OINTMENT

1 per cent amethocaine hydrochloride in a water-miscible base
Issued in 8 oz. tubes

GLAXO LABORATORIES (S.A.) (PTY.) LTD., P.O. BOX 9875, JOHANNESBURG

AGENTS: South Africa: Menley & James (Col.) Ltd., P.O. Box 784, Port Elizabeth, Rhodesia; Geddes Ltd., P.O. Box 877, Bulawayo, and at Salisbury

AA 199

seconded by Dr. Disler; Dr. Green was nominated by Dr. Schneider and seconded by Mr. Wolfowitz; Dr. Murray was nominated by Dr. Struthers and seconded by Dr. Sypkens; Dr. Alexander was nominated by Dr. Schaffer and seconded by Dr. Grant-Whyte; Dr. Ochse was nominated by Dr. Meltzer and seconded by Dr. Shapiro; Dr. Serfontein was nominated by Dr. Theron and seconded by Dr. Grant-Whyte; Dr. Chapman was nominated by Mr. de Bruijn and seconded by Dr. Green; Dr. Gie was nominated by Dr. de Villiers and seconded by Dr. Goldberg; Dr. Joubert was nominated by Mr. Goldschmidt and seconded by Dr. Collins; Dr. Disler was nominated by Dr. Young and seconded by Dr. Grant-Whyte; Dr. Albert was nominated by Dr. Schaffer and seconded by Dr. Collins; Dr. Heathcote was nominated by Dr. Broomberg and seconded by Dr. Grant-Whyte; Dr. Steyn was nominated by Dr. Alexander and seconded by Dr. Collins. Finally, it was agreed by Council that the Central Committee for Contract Practice should consist of Drs. Grant-Whyte, Green, Murray, Vercueil, Ochse, Collins, Serfontein, Chapman, Alexander, Gie, Joubert and Disler.

14. *Invitation by the Southern Transvaal Branch:* At this stage the Chairman announced that the Southern Transvaal Branch had extended an invitation to the Council to lunch, and that the Council would adjourn at 12.45 p.m.

15. *Parliamentary Committee:* The Chairman stated that the previous Committee had consisted of five members from the Transvaal, five from the Cape Province and two each from Natal and the Orange Free State.

The names of the previous Committee members were announced, and Council agreed that the following members should act as the Parliamentary Committee for the next triennium:—

Cape Province: Prof. Brock, Mr. Goldschmidt, Dr. Collins, Dr. du Toit and Dr. de Villiers.

Transvaal: Dr. Struthers, Dr. Shapiro, Dr. Braun, Dr. Waks and Dr. Meltzer.

Natal: Dr. Young and Mr. Sweetapple.

Orange Free State: Dr. Theron and Dr. Derksen.

The Chairman asked Dr. de Villiers to act as Convener until such time as the Committee would appoint its own Chairman.

16. *Secretary of Federal Council:* The Chairman called for nominations.

It was proposed by Dr. Shapiro, seconded by Mr. de Bruijn, that Dr. Tonkin be appointed. There were no other nominations and Dr. Tonkin was declared elected. *Acclamation.*

17. *Minutes of the meeting of the Council held in Johannesburg on 12, 13 and 14 April 1951, and which had been circulated, were confirmed and signed.*

MATTERS ARISING OUT OF THE MINUTES

18. *Nurses' Examination Papers:* The Medical Secretary stated that the report of the committee which had been deputed to draw up a memorandum on this subject had only just come to hand and copies of the memorandum would be circulated to members in accordance with a resolution taken on the previous day by the Executive Committee. Council agreed that the matter be deferred until a later stage.

19. *Status of General Practitioners:* The Medical Secretary stated that the Executive Committee had agreed at its meeting on the previous day that the memorandum on this subject which had just come to hand should also be circulated to members and recommended that this subject be dealt with later in the meeting. Council agreed.

20. *Practice in Native Urban Areas:* The Medical Secretary stated that in accordance with the resolution taken at the last meeting of Council, a letter had been sent to the Secretary for Native Affairs in July, but that to date no reply had been received. *Noted.*

21. *Appointment of Medical Practitioners to Hospital Boards:* Dr. Braun reported that it was the practice in the Transvaal, according to the Public Hospitals Ordinance, for the medical practitioners connected with the hospital to put forward the names of two medical practitioners who they wished should represent them on the local hospital board. Although the Administrator required the names of two persons he only appointed one, and it was found that often the one so appointed was not the first choice of the medical practitioners concerned. He had taken up the matter with the

Administrator, but as yet no finality had been reached. If it was the wish of the Council, he would continue to press for a satisfactory solution to this problem. Council agreed that Dr. Braun should pursue the matter.

22. *Salary Scales—Union Health Department:* The Medical Secretary stated that in accordance with the resolution of the Council passed at its last meeting, he had written to the Secretary for Health and had received a reply stating that the contents of his letter had been noted.

Dr. de Villiers stated that the matter had been before the Parliamentary Committee and his Committee felt that no further action should be taken. He moved accordingly, and Council agreed.

Prof. Brock asked that the Parliamentary Committee should continue to keep a careful watch on this matter, and Council agreed that it be an instruction to the Parliamentary Committee to hold a watching brief in this regard.

23. *Fees Paid to Assistants at Operations:* The Medical Secretary stated that the letter which had been written to the Association of Surgeons of South Africa following the last meeting of Council had as yet received no reply. *Noted.*

24. *S.A. Medical Congress, Johannesburg, 1952:* Dr. Schneider reported that the Organizing Committee appointed by the Branch Council of the Southern Transvaal Branch had met and appointed Dr. Geerling to be its Chairman. It had agreed that if possible the Congress should be held either during September or October next year. *Noted.*

25. *Revision of Rules of Congress:* The Chairman stated that the Head Office and Journal Committee had been charged with the duty of revising the Rules of Congress, and would be happy to receive any suggestions which might be made.

Dr. Broomberg asked that this work should be put in hand as soon as possible. The Chairman replied that it had been left in abeyance during his visit overseas, but would now be carried on. *Noted.*

26. *Representation on the National Veld Trust Board:* The Medical Secretary stated that when Dr. Schulenburg had resigned from the Federal Council he had also resigned from the Veld Trust Board. As the meetings of the Board normally took place in Johannesburg, the matter had been placed before the Southern Transvaal Branch, which had recommended that Dr. Turton be appointed vice Dr. Schulenburg. Dr. Turton had been duly nominated to represent the Association. Council confirmed the appointment of Dr. Turton.

27. *X-ray Services in the Cape:* Dr. Schaffer asked for information as to what action had been taken after the last meeting of the Council. The Medical Secretary stated that a letter had been sent to the Director of Hospital Services in the Cape conveying the resolution of the Council on this subject. The Chairman said that the matter had been discussed with the Provincial Administration through the Liaison Committee and that he would deal further with this subject when presenting his report on the work of the Augmented Executive Committee for the Cape. *Noted.*

MATTERS DEALT WITH BY THE EXECUTIVE COMMITTEE

28. *Professional Provident Society of South Africa:* The Medical Secretary stated that Dr. Schneider's appointment as a Director of the Professional Provident Society of South Africa had terminated by the effluxion of time but that he had been eligible for re-election. The matter had been placed before the Executive Committee and Dr. Schneider had been re-elected. Council confirmed the reappointment of Dr. Schneider.

29. *Supply of Drugs to Patients in Cape Provincial Hospitals:* The Medical Secretary stated that this matter had been referred to the Association by the Director of Hospital Services in the Cape. The Executive Committee had examined the documents which had been submitted and had agreed to recommend to Council that Cortisone, ACTH and other similar drugs be made available to any patient in any Provincial hospital if the need for treatment by such drug be approved by a special committee to be appointed in each Province for the consideration of cases.

Dr. Disler stated that such a committee already existed in Natal.

It was proposed by Dr. Schaffer, and seconded by Dr. Sypkens, that the recommendation of the Executive Committee be accepted.

Discussion followed, and it was proposed by Dr. Seymour

Heymann, seconded by Dr. Shapiro, that the words 'but that this control should be so organized as not to be prejudicial to any patient in any hospital in an emergency' be added to the Executive Committee's recommendation.

On being put to the vote, the recommendation of the Executive Committee together with the addendum, was carried.

30. *National War Memorial Health Foundation*: The Medical Secretary reported that a vacancy had occurred on the Board of Control of the National War Memorial Health Foundation owing to the death of the late Dr. Max Greenberg who had represented the Association on the Board.

Dr. Schneider stated that the Southern Transvaal Branch Council had considered this matter and recommended to Council that Dr. Alice Cox be appointed to represent the Association vice the late Dr. Greenberg. Council agreed.

31. *Proposed Salaried Part-time Hospital Medical Officers' Group*: The Medical Secretary stated that a request had been received from a number of members of the Cape Western Branch who were serving in a part-time salaried position at the Groote Schuur Hospital, for recognition as a Group within the Association. The Constitution which had been submitted was in order. He stated further that the matter had been discussed by the Executive Committee at its meeting on the previous day and that the Committee had considered that the persons concerned would be better advised to form a Section within the Cape Western Branch, and had accordingly agreed to recommend to Council that approval on a Union-wide basis be not given. After discussion, Council accepted the recommendation of the Executive Committee.

32. *Compulsory Internships*: The Medical Secretary stated that a letter had been received from the Southern Transvaal Branch requesting the Executive Committee to act urgently by writing to the South African Medical and Dental Council regarding the question of internships for three recent graduates of the University of the Witwatersrand. This had been done and the letter had been received by that Council before its meeting held during the previous week.

Council agreed that the action of the Executive Committee be confirmed.

The Medical Secretary stated further that the Executive Committee at its meeting on the previous day had placed before it a memorandum submitted by Dr. A. B. Taylor on this question. The Committee had not considered the memorandum in detail but had agreed to recommend to Council that in any discussion which might take place Dr. Taylor should be asked to incorporate the gist of his memorandum in the debate.

The Chairman then allowed Dr. Taylor to read a resolution which he had drafted, and to speak to it.

Following Dr. Taylor's address to the Council, the Chairman ruled that the matter could not be taken at this stage but would have to be dealt with under *Any Other Business* at the end of the Agenda. *Noted.*

33. *Telegram of Good Wishes*: At this stage the Chairman of Council read a telegram which he had received from Professor Oosthuizen, the President of the South African Medical and Dental Council, conveying the best wishes of the South African Medical and Dental Council to the Federal Council for a successful meeting. This was noted with acclamation.

(Council adjourned for lunch at 12.50 p.m. and resumed at 2.40 p.m.)

34. *The Visiting by a General Practitioner of a Patient who is under the Treatment of a Specialist*: The Medical Secretary stated that this matter had received the attention of the South African Medical and Dental Council at its meeting held during the previous week and on other occasions, and it was now referred to the Federal Council of the Association for opinion. He added that that matter had been discussed by the Executive Committee on the previous day, when it had been agreed to recommend to Council the acceptance of the Medical Council's resolution reading:—'When a general practitioner places a patient in the hands of a specialist the general practitioner is only entitled to charge for visits to the patient if it is the expressed wish of the patient that the general practitioner should visit him professionally.' Discussion followed, during which various suggestions were made. Finally, it was proposed by Prof. Brock, seconded by Dr. Gie and resolved *nem. con.*: 'That the Medical Council be requested to post-

pone action in this matter until the Federal Council has had an opportunity to formulate its views. Further, that the matter be referred to the Central Ethical Committee for report to the next meeting of the Federal Council.'

35. *Itinerant Practice*: The Medical Secretary stated that the question of how long a practitioner, who had been carrying on an itinerant practice in an area, should be allowed to wind up his affairs, had engaged the attention of the South African Medical and Dental Council. The matter was now referred to the Federal Council for opinion. He added that the Executive Committee had considered this matter and recommended that it be referred to the Medical, Dental and Pharmacy Act Sub-Committee for consideration.

Discussion followed and it was proposed by Mr. Goldschmidt and seconded by Dr. Joubert that no action be taken in drafting an ethical rule concerning itinerant practice at present. This proposal was subsequently withdrawn.

After further discussion it was proposed by Dr. Broomberg, seconded by Dr. Taylor, that the Medical Council be asked for a definition of itinerant practice and that the proposed ethical rule regarding itinerant practice be then referred to the Central Ethical Committee for consideration and report to the next meeting of Federal Council.

An amendment was proposed by Dr. Black, seconded by Mr. Sweetapple, that a Committee of the Federal Council be formed to consider the whole question of itinerant practice and to bring forward its recommendations at the next meeting of the Federal Council, and that the Committee should also seek the opinions of the Branches of the Association in this matter. This amendment was put to the vote and carried. It was also carried as a substantive motion, and the original proposal fell away.

Regarding the appointment of a Committee, Dr. Black suggested that at least three general practitioners should serve on it. Council finally agreed that the Committee should consist of Dr. Black as Convener, together with Dr. Vercueil, Mr. de Bruijn, Dr. Meltzer and Dr. Struthers.

36. *Notice of Intention to Request Erasure of a Speciality*: The Medical Secretary explained that it was felt that it was unfair for a man who had been a specialist for some time to ask for his name to be removed from the Register of Specialists without due notice so that he could go back into general practice. He added that this matter had been before the South African Medical and Dental Council and had been referred to the Association for opinion.

Dr. Braun added that it was felt by certain members of the Council that such a person had unfair advantage over the rest of the practitioners in the area and certain persons considered that notice of at least three years should be given.

After discussion it was proposed by Dr. Vercueil and seconded by Mr. de Bruijn, 'That it is the opinion of Council that, should a specialist request the South African Medical and Dental Council to remove his name from the Register of Specialists, this should be done forthwith without any time restriction'.

An amendment was proposed by Dr. Shapiro, seconded by Dr. Meltzer, that a practitioner who has been registered by the South African Medical and Dental Council as a specialist shall be permitted to withdraw his name from the Register of Specialists at any time, provided that he shall not practise as a general practitioner in the same area for a period of twelve months.

On being put to the vote, the amendment was lost.

The original motion was then put to the vote and was carried with two dissentient votes.

37. *Memorandum on the Financial Policy of the S.A. Medical and Dental Council*: The Medical Secretary reported on the terms of a memorandum drawn up by the Honorary Treasurer of the South African Medical and Dental Council, which pointed out that the rising costs of the Council might lead to the necessity to increase the annual registration fee.

Discussion followed, during which it was suggested by various members that the allowances paid to members of the Medical Council should be diminished.

Finally, it was proposed by Dr. Schneider, seconded by Mr. Sweetapple and resolved 'That the Federal Council notes that it may become necessary for the South African Medical and Dental Council to increase its annual registration fee, but it trusts that everything possible will be done by the Medical Council to avoid increasing this levy'.



The nightly descent into the abyss

'Enuresis' is one of the commonest disorders of childhood. It is accepted that one of its important causes—in adults as well as in children—is a greater depth of sleep than normal, with the result that afferent impulses from the bladder fail to waken the patient. The rational therapy in such cases is to render sleep less profound, and so 'prevent the nightly descent into the abyss'. This can be achieved safely and effectively by 'Benzedrine' Tablets, given at bedtime in increasing dosage till the optimum response is obtained. Enuretic children show a marked tolerance to this drug, and can take up to five 'Benzedrine' Tablets nightly without sleeplessness.

'Benzedrine' tablets in enuresis

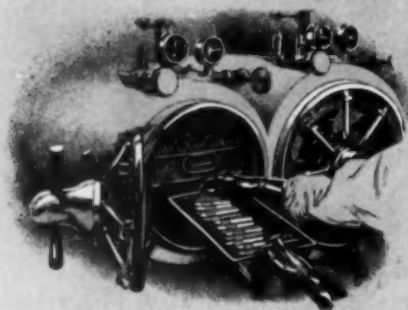
Each tablet contains 5 mg. amphetamine sulphate

PHARMACAL PRODUCTS (PTY.), LTD., DIESEL STREET, PORT ELIZABETH

for Smith Kline & French International Co., owner of the trade mark 'Benzedrine'

Distributors in Rhodesia: Geddes Ltd., P.O. Box 877, Bulawayo

HTP515A



Claustro-Thermal* Catgut

(boilable)

possesses all the qualities essential to proper function and is adaptable to all conditions and techniques where catgut sutures are indicated. It provides excellent tensile strength, compatibility with tissues and uniformity of dimension *plus* absolute sterility. It is unaffected by the reboiling or autoclaving of unused tubes. Obtainable in standard lengths or with swaged-on Atraumatic* needles specially developed for various types of surgery.

Davis & Geck Sutures

"THIS ONE THING WE DO"

*Registered Trade-mark



M. STABLER, ESQ. M.P.S., CHAS. F. THACKRAY (S.A.) (PTY.) LTD.,
Sole Importers:
P.O. Box 816, CAPE TOWN and P.O. Box 2726, JOHANNESBURG.

REPORT OF THE CENTRAL ETHICAL COMMITTEE

38. *Revision of the Rules Governing Procedure in Ethical Matters of a Branch:* The Medical Secretary reported that at the last meeting of the Council the question of the revision of the Rules Governing Procedure in Ethical Matters of a Branch was discussed and the Rules were referred back to the Central Ethical Committee and, through it, to a special *ad hoc* committee which would go into the question with the Association's lawyers. As the Chairman was the prime mover in the whole matter, no meeting had been held owing to his absence overseas.

The Chairman stated that shortly the Committee would meet and would report to the next meeting of Council. *Noted.*

REPORT OF THE HEAD OFFICE AND JOURNAL COMMITTEE

39. *Posts of Assistant Medical Secretary and Assistant Editor:* Council noted that Dr. L. M. Marchand assumed duty as Assistant Medical Secretary on 1 July 1951, and that Dr. G. C. A. van der Westhuyzen was appointed to the post of Assistant Editor with the approval of the Executive Committee and assumed duty on 1 July 1951.

40. *Tercentenary Number of the Journal:* The Council noted that the Committee had agreed that a special number of the *Journal* would be published at the time of the Tercentenary Celebrations and that it had invited members to contribute articles to this number.

41. *History of Medicine in South Africa:* Council noted that the preparation of this book was proceeding and that Mr. C. Graham Botha had completed the first 70,000 words.

42. *Items on Loan to the Africana Museum:* Council noted that the loan of certain articles of Africana, which were the possession of the Association, had been renewed for a further period of five years.

43. *Commission of Inquiry into the Press:* Council noted that the Committee had received a questionnaire from this Commission and would complete it in so far as the questions applied to a technical professional journal.

44. *Film Gift from the British Medical Association.* The sound and colour film *The Treatment of Infections of the Hand*, to which reference had been made at the last meeting, had been received and was available to Branches for showing at meetings. The Committee considered that any Branch wishing to show this film should give an undertaking that it would only be shown through an approved projector and that the operator would be an experienced person. It should be returned to the Head Office without being rewound. The film would be insured by the Head Office, which would also pay the forward railage. The Branch using the film would be expected to pay the return railage and the cost of any repairs which might have to be undertaken. Council agreed.

45. *Murray mentioned that the Education Department had a film library in Pretoria where many medical films were kept and where servicing was done free of charge. He suggested that the Association's films might be kept there. The Chairman thanked Dr. Murray for his suggestion, which was noted.*

46. *Award of Leipoldt Memorial Medal for 1950:* The Chairman reported that the Committee recommended that the Leipoldt Memorial Medal for 1950 be awarded to Dr. D. R. Meiring of Stellenbosch for his paper entitled *The Future of General Practice* which had appeared in the *Journal* of 21 October 1950.

Dr. Schaffer moved that the Committee's recommendation be confirmed. Council agreed with acclamation.

47. *Memorandum and Articles of Association and By-Laws:* It was reported that the stocks of the 'Memorandum and Articles of Association and By-Laws (Third Edition)' were almost exhausted, and that it was necessary to reprint this publication. It was proposed to publish a new edition incorporating all the amendments made since 1948. The new edition would be printed in both official languages. *Noted.*

48. *Medical Agency, Cape Town:* It was reported that the work of the Agency in Cape Town continued to make progress and be well supported. It was probable that a reasonable profit on the year's working would be shown at 31 December 1951. *Noted.*

49. *Medical Agency, Johannesburg:* The Committee felt that the Agency in Johannesburg was not receiving the support it might from members in the Transvaal, and the Agency was not paying its way.

The Chairman reported that the Southern Transvaal Branch had agreed to see what could be done to bring the existence of the Johannesburg Agency more forcibly to the notice of its members. *Noted.*

50. *Medical Agency, Natal:* It was reported that a new Agency had recently been established in Durban at the headquarters of the Natal Coastal Branch. It was hoped that this would be well supported. *Noted.*

51. *Insurance of Doctors' Motor-Cars:* The Chairman stated that since the Report of the Head Office and Journal Committee had been drawn up, further investigation had taken place, and that the Committee was prepared to recommend that Messrs. Edward Lumley & Sons (S.A.) (Pty.) Ltd. be appointed insurance brokers to the Association in connexion with the insurance of doctors' motor-cars. This firm was prepared to undertake the insurance of doctors' motor-cars through Lloyd's of London underwriters in a type of policy which would apply only to members of the Association and would mean an increase on the old tariff rate of only 25%, where the insurance companies were increasing their premiums by 50%. The Medical Secretary stated that the Head Office and Journal Committee had examined the schemes put forward by four firms and he quoted various figures submitted by the companies concerned. He reported further that the Executive Committee at its meeting on the previous day had agreed to recommend to Council that Messrs. Edward Lumley & Sons (S.A.) (Pty.) Ltd. be appointed insurance brokers to the Association for doctors' motor-cars forthwith.

It was proposed by Dr. Verceuil, seconded by Mr. de Bruijn and resolved *nem. con.* that Messrs. Edward Lumley & Sons (S.A.) (Pty.) Ltd. be appointed insurance brokers to the Association forthwith for the insurance of doctors' motor-cars.

The Chairman then moved the adoption of the Report of the Head Office and Journal Committee. This was seconded by Dr. Shapiro and carried.

52. *Letter from the Editor:* The Chairman then referred members to Item 33 of the Minutes of the last meeting of Council. The Medical Secretary and the Assistant Editor left the meeting, after which it was proposed by Dr. de Villiers and agreed that Council go into committee.

While Council was in committee, Dr. Black proposed that further discussion be postponed until the following day. This was seconded by Dr. Joubert and carried.

(Council adjourned at 6.50 p.m.)

FRIDAY, 21 SEPTEMBER

The meeting commenced at 9.15 a.m. and discussion continued in committee.

It was proposed by Dr. Shapiro, seconded by Dr. Schneider and resolved that Council go out of committee and that the resolutions passed in committee be confirmed. These resolutions were as follows:—

(i) That the Council is satisfied that the present salary scales of the two senior officials (the Medical Secretary and Editor) are equivalent, namely £1,250 × 50—£1,750. It recommends, however, that the present scale be adjusted to £1,500 × 50—£2,000. Carried with one dissentient vote. Dr. M. Shapiro asked that his vote be recorded against the resolution.

(ii) That the Council regards the status of the two senior officials in their respective offices as equal, but takes into account the fact that for administrative and disciplinary purposes the Head Office and Journal Committee has laid down that the Medical Secretary is to be regarded as the senior. This was carried *nem. con.*

(iii) That the Federal Council considers that the Medical Secretary is in receipt of an allowance of £250 per annum or a house as an additional emolument and that it be left to the Head Office and Journal Committee to adjust the salaries of the two senior officers so that they shall be equivalent. This was carried.

REPORT OF THE MANAGEMENT COMMITTEE OF THE BENEVOLENT FUND

53. *Honorarium in the Transvaal:* It was reported that an amount of £6,778 9s. 5d. had been received from practitioners in the Transvaal who had served the Provincial Administration in an honorary capacity during the interim period. *Noted.*

53. *Grants:*

(a) Dr. M. O.: It was reported that this beneficiary had passed away and in response to a request from the Natal Inland Branch the Management Committee had agreed to continue to assist by giving grants of £5 per month each for his two minor children. The Executive Committee recommended that this be confirmed by Council. Council agreed.

(b) Mrs. T. D.: In response to a request from the East Rand Branch the Management Committee had agreed to a grant of £5 per month each for the support of the two minor children of the beneficiary. The Executive Committee recommended to Council that this grant be approved as from 1 January 1951. Council agreed.

54. *Overspending of Authorized Amounts:* It was reported that increased calls for assistance and the need to assist urgent cases had led to allotments being recommended by the Management Committee which amounted to more than the Committee was authorized to use, i.e. the interest which had accrued during 1950 plus an amount equal to that interest taken from current contributions made in 1951. The sum so allotted in excess amounted to £208 and the Management Committee recommended to Council that it be authorized to take a further sum from current contributions of not more than £300 for assistance to be given during 1951. Council agreed.

55. *Collections taken at Branch Meetings:* The Chairman stated that the Cape Western Branch had decided to have a collection box at all its meetings into which members might place contributions should they so desire. During the months that this system had been in operation an appreciable amount had been collected. He appealed to members to suggest that a similar procedure be followed in their own Branches. *Noted.*

The adoption of the Report was then moved by the Chairman, seconded by Dr. Theron and *carried*.

FINANCIAL REPORT

56. *Report for the Year Ending 31 December 1950:* The Hon. Treasurer reported as follows:—

'The audited Balance Sheet and Revenue and Expenditure Accounts for the year ended 30 December 1950, have been distributed to the various Branches and were published in the *South African Medical Journal* of 30 June 1951.

'The year ended with a net profit of £4,859 14s. 7d. The expenditure incurred in connexion with the cancelled Joint Meeting amounted to £806 16s. 7d. up to 31 December 1950, and will be written off against any profits that may accrue during 1951, plus a further amount of approximately £372 incurred up to 30 June 1951. (In all, an amount of approximately £1,178.)

'Advertising amounted to £26,685 up to the end of December 1950, being an increase of £1,384 over the previous year.

'The following fluctuations in expenditure have taken place, viz. printing, stationery and office requisites have increased to £337, being an increase of £182 over the previous year.

'The expenditure on delegates' expenses amounted to £1,013, being a decrease of £191 over the previous year. Staff travelling expenses amounted to £767, being an increase of £211 over the previous year.

'Journal postages increased to £465, being an increase of £240 over the previous year, and grants to Universities amounted to £500, being an increase of £200 over the previous year.

'The publication of the *South African Journal of Clinical Science* as from the commencement of the year under review showed a profit of £58 7s. 8d.

'The Cape Town Agency showed a nett profit of £820, being an increase in the profit of £141 over the previous year. The Johannesburg Agency showed a surplus of £160 as against a loss of £190 the previous year.

'Accumulated funds have increased from £24,328 to £29,187 as at the end of December 1950.

'*Benevolent Fund:* A credit balance of £1,079 was added to the accumulated funds as at the end of December 1950, bringing the total of the Fund to £26,825. The following amounts have been received, viz. Donations £752, Services Rendered £494, and Votive Cards £202, and grants to the amount of £1,296 have been paid.

'As Honorary Treasurer of the Fund I would like to thank

all contributors, and feel that they should know that all the donations they have made have been gratefully received.'

This Report was noted by Council.

57. *Report for the Year Ending 31 December 1951, and the Prospects for 1952:* The Honorary Treasurer reported as follows:—

'The period covering the first six months of the current year shows a surplus of £3,458. This includes capitation fees for approximately the whole of 1951.

'An Assistant Medical Secretary and an Assistant Editor were appointed as from 1 July 1951 at salaries of £1,250 plus £256 cost-of-living allowance, i.e. £1,506 per annum each.

'The cost of the Editor's trip overseas, which amounts to £523, as well as the cost of the cancelled Joint Meeting to be written off, viz. £1,179, are additional expenses which are to be deducted from the above surplus of £3,458. It therefore means that with this additional expenditure this year a very much smaller profit may be expected at 31 December 1951.

'The year 1952 is actually a period of concern as we do not expect a substantial increase in our advertising revenue, which we hope to be at the nett figure of £26,000. The printing of the *Journal* will cost approximately £13,650, and the salaries plus cost-of-living allowances of the staff will amount to approximately £14,000. As we expect to be down approximately £1,650 on the particular items of revenue, it means that we are dependent on the subscriptions, which are approximately £6,000 per annum, to cover other items of expenditure which amount to approximately £6,500. Accordingly we may show a deficit at the end of December 1952.'

Council noted this Report.

After he had replied to various questions, the Honorary Treasurer then moved the adoption of the Financial Report. This was seconded by Dr. Broomberg and *carried*.

The Chairman thanked the Honorary Treasurer for his services and his report.

REPORT OF THE CENTRAL COMMITTEE FOR CONTRACT PRACTICE

In introducing his report, the Chairman referred to Dr. Marchand, the recently appointed Assistant Medical Secretary, and expressed his opinion that as a result of Dr. Marchand taking over this work, the work of the Committee would be considerably lightened in the future. *Noted.*

58. *Vanderbijl Park Medical Benefit Fund:* Although the Council at its last meeting had decided to refer the status of this Society back for further discussion between representatives of the Augmented Executive Committee and of the Committee of the Medical Benefit Fund, no such discussion had as yet been held. This had been due to a misunderstanding, and the Committee recommended that such a meeting should take place. Council agreed that a meeting should be arranged but that it should be attended by representatives of the Central Committee for Contract Practice and not of the Augmented Executive Committee in the Transvaal.

It was proposed by Dr. Shapiro, seconded by Dr. Schneider, and resolved *nem. con.*: 'That the Association shall not accord official recognition to any Sick Benefit Society which provides medical services to its members through full-time medical officers.'

59. *Uniform Claim Form:* Owing to the fact that neither the Societies nor the doctors were prepared to make themselves financially responsible for the production of a uniform claim form, the Committee recommended that the uniform claim forms already printed should be submitted to each of the Medical Aid Societies with the request that when they have new stocks printed for their own Societies they should endeavour to follow the wording in existence on the uniform claim form. Council agreed.

60. *New Applications for Approval:* The Committee recommended that the following Societies be approved as Medical Aid Societies:—

(i) *Full Approval:* Broderick Medical Aid Society; Coronation Medical Aid Society; C. G. Smith & Co. Ltd. Medical Aid Fund; Royal/Globe Medical Aid Fund.

(ii) *Contingent Approval:* (a) Consolidated Glass Works Ltd. Medical Aid and Sick Benefit Society. It was recommended that full approval only be granted to this Society after confirmation of a previous arrangement from the Northern Transvaal Branch. (b) University of Cape Town Students' Health Service. Full approval of this Society would only be recommended after the Cape Western Branch had given con-

sideration to its Constitution. (c) Ford Motor Company. Approval was contingent upon the recommendation of the Cape Midland Branch.

61. *Future Policy for Recognition of Medical Aid and Benefit Societies:* (a) The Committee recommended that in future when a Medical Aid Society applied to a local Branch for recognition, the application together with the Constitution of the Society should be submitted immediately to the Assistant Medical Secretary. After scrutiny he would submit any comments he had to make regarding amendments which may be necessary, to the Branch concerned. Recognition could then be given immediately by the Branch at its discretion, subject to confirmation by the Federal Council at its next meeting. Council agreed.

(b) Medical Benefit Societies: The Committee recommended that the Assistant Medical Secretary should be given a list of all the approved Medical Benefit Societies or Sick Benefit Funds operating in each Branch area, together with a statement regarding terms of service and remuneration of each appointed medical officer. This procedure should be followed immediately any new Benefit Society had been approved by a Branch. Council agreed.

(c) The Committee recommended further that the best method of bringing the names of new approved Medical Aid Societies to the notice of practitioners should be left to the Head Office. Council agreed.

62. *Special Meeting with Representatives of the Medical Aid Societies:* The Chairman reported that a special meeting of the Central Committee for Contract Practice had taken place in June, followed by a combined meeting with representatives of the Medical Aid Societies. After considerable discussion the preamble to the tariff had been amended, together with the general rules governing the tariff. He gave a résumé of what these changes would mean. *Noted.*

63. *Subsequent Negotiations with the Medical Aid Societies:* The Chairman reported that subsequent to the Joint Meeting the Southern Council of Medical Aid Societies had advised that they were not prepared to accept the Tariff of Fees submitted by the Association, but they were, however, prepared to negotiate on a tariff of fees which they had compiled. Broadly, this consisted of the fees which had been accepted in 1947, with the difference that general practitioners' visits and consultations should in future be 11s. 6d. instead of 10s. 6d. and that all surgical procedures above £5 5s. should be charged for at pounds instead of guineas. The Chairman added that the Northern Association of Medical Aid Societies did not associate itself with the tariff submitted by the Southern Council but was prepared to continue negotiations on the Association's tariff. *Noted.*

64. *Future Negotiations:* The Committee recommended (a) That the Assistant Medical Secretary be instructed to draw up an amended tariff of fees on the following lines: (i) The preamble to be the amended rules agreed to at the Joint Meeting in June; (ii) The fees to be those submitted to the Medical Aid Societies at the Joint Meeting, with the amended tariff agreed to by the Urologists' Group and including the amendment submitted by the Pathologists' Group.

(b) That this amended tariff be submitted to the Northern and Southern Groups and to the various individual Medical Aid Societies as constituting the approved tariff of the Medical Association.

(c) That the Northern and Southern Groups and the individual Medical Aid Societies be informed that unless they notified the Assistant Medical Secretary by 15 November that they had accepted this tariff, their names could not be included in the list of approved Medical Aid Societies.

(d) That this amended Tariff of Fees for Medical Aid Societies operate as from 1 January 1952.

Council agreed to the Committee's recommendations (a), (b), (c) and (d).

65. *Natal Pathologists' Group:* The Chairman reported that this Group had requested that their schedule of fees should operate from 1 July 1951, as apparently they were not prepared to await the publication of a new Tariff. The Committee was not prepared to make any recommendation to Council.

Council agreed that the request of the Natal Pathologists' Group should be approved and that the same conditions should apply for any other local Pathologists' Group.

66. *Natal Industries Medical Aid Society:* It was reported that a recommendation by the Southern Transvaal Branch, that

this Fund should operate outside Natal as any other Medical Aid Society, was amended to read that, except for members on a short visit to outside areas, the rules and regulations laid down by this Fund for the registration and submission of forms regarding sick leave, etc., should apply in areas outside Natal in exactly the same way as they do in Natal. This amendment was carried. It was, therefore, recommended to Council that the proposal of the Southern Transvaal Branch be rejected by the Council.

Council agreed and suggested that the matter be taken up by the Natal Coastal Branch.

67. *Railway Workmen's Compensation Work:* It was reported that a letter had been received from the Orthopaedic Surgeons' Group regarding this work. The Committee had agreed to recommend to Council that the Group should be informed that they should stand by the principle of free choice of doctor for Workmen's Compensation work and remuneration should be on the basis of the Workmen's Compensation Act Schedule. Council agreed.

In conclusion, the Chairman thanked the members of his Committee for their support during the past three years and moved the adoption of the Report. This was seconded by Dr. Gie, and carried.

REPORT OF THE PARLIAMENTARY COMMITTEE

68. *Bills of Interest to the Association:* The Convener reported that two Bills of interest to the Association had been dealt with during the past Session of Parliament. These were the Merchant Shipping Bill and the Bill to Amend the Medical, Dental and Pharmacy Act (1928). *Noted.*

69. *Tariff of Refunds—Government Patients:* The Convener stated that owing to the changes in the Portfolio of Health and the rush towards the end of the Parliamentary Session, it had not been possible to obtain an interview with the Minister of Health on this subject. *Noted.*

70. *Dr. Woolf's New Co-ordinated Scheme of Health Services:* The Convener stated that Dr. Struthers had drawn attention to a new co-ordinated scheme of health services which Dr. Woolf had outlined at a meeting of the Provincial Council in the Transvaal. The Committee had decided to take no action but to await the next move which might be made by the Central Government. *Noted.*

71. *The Bremer Plan in regard to Nutrition and Co-ordination of the Union's Health Services:* The Convener referred to reports which had appeared in the public press regarding the scheme which Dr. Bremer was propounding.

After discussion it was proposed by Dr. de Villiers, seconded by Dr. Schneider, 'That the Minister of Health be informed that the reported medical aid scheme for the country is in keeping with the accepted policy of the Federal Council through its Report on Medical Services on a national basis for the Union of South Africa. Federal Council offers its assistance to the Minister and would remind him of his assurance given to the Southern Transvaal Branch at its meeting held on 17 July 1951, "that he would develop the scheme in the closest co-operation and consultation with the medical profession and its representatives".'

Dr. Shapiro stated that it was necessary first to vote on the issue of whether or not a statement should be made. He proposed that no statement should be made, and was seconded by Dr. Broomberg. This was put to the vote and carried. Dr. de Villiers's proposal thus fell away.

After some further discussion it was proposed by Dr. Struthers, seconded by Dr. Waks and resolved that the Central Committee for Contract Practice be instructed to hold a watching brief on any developments which might ensue from the Minister of Health's pronouncements on the introduction of a national medical aid scheme.

The adoption of the Report of the Parliamentary Committee was then moved by Dr. de Villiers, seconded by Dr. Sypkens and carried.

REPORT OF THE WORKMEN'S COMPENSATION ACT SUB-COMMITTEE

72. *Status of the Sub-Committee:* It was proposed by Dr. Gie, seconded by Dr. Green, that the Workmen's Compensation Act Sub-Committee should no longer be a Sub-Committee of the Central Committee for Contract Practice but that it should become a separate Sub-Committee of Council. Council agreed. Council further agreed that the

Committee should consist of three members, and accepted the names of Dr. Meltzer, Dr. Vercueil and Mr. de Bruijn as members of the Sub-Committee; Dr. Meltzer to act as Convener.

73. *Definition of an Accident:* The Convener stated that at the last meeting of Council the Committee had been charged with the task of defining an accident under the Workmen's Compensation Act. The matter had been discussed with the Commissioner and it appeared that provision was already made in the Act to cover very fully the definition of an accident. Further provision was made so that if any man felt that he was not being fairly treated over the question of an accident and that the matter was being repudiated and no action was being taken, he could appeal to the Commissioner or his deputy. This was noted by Council.

74. *Medical Practitioners' Accounts:* The Convener stated that the Commissioner proposed to go into the question of providing 5s. stamps for use by workmen as he felt that the introduction of such a system would save medical practitioners a considerable amount of bookkeeping. *Noted.*

75. *Seven and a half per cent Increase in Tariff of Fees:* The Convener stated that this increase was subject to review after 18 months and that this time was now due. The Commissioner had agreed to supply figures as to how much this increase had cost him, and if it had not cost him the amount anticipated he might make a further increase, and *vice versa*. The Convener suggested that the Association should institute negotiations again in this matter. Council agreed.

REPORT OF THE MEDICAL, DENTAL AND PHARMACY ACT SUB-COMMITTEE

76. *Ethical Rules:* The Convener stated that the Sub-Committee had met and discussed the revision of the Ethical Rules of the Medical Council. Various suggestions were set forth in his report.

After a short discussion it was proposed by Dr. du Toit, seconded by Dr. Black and resolved *nem. con.* that the Report be noted.

77. *Dissolution of the Sub-Committee:* It was proposed by Dr. Shapiro, and after short discussion Council agreed that the Sub-Committee be discharged with a vote of thanks to the Convener and the members of the Committee for their past services. This was passed with acclamation.

SUB-COMMITTEE TO INTERVIEW THE S.A.R. & H. CENTRAL SICK FUND BOARD

78. *Report of Convener:* Dr. Braun reported that the Committee had met the General Manager and later representatives of the Central Sick Fund Board. He stated that the Sick Fund Board had agreed to certain increases in the emoluments of Railway Medical Officers, particularly the specialists. General practitioners employed by the South African Railways and Harbours Sick Fund were still definitely underpaid. *Noted.*

The Convener proposed, seconded by Dr. Vercueil, that Federal Council hand back to the Railway Medical Officers' Group the right to negotiate on its own behalf. Council agreed.

79. *Dissolution of the Sub-Committee:* It was proposed by Dr. Braun, seconded by Dr. Vercueil and resolved that the Sub-Committee be now discharged. Council further agreed that a vote of thanks be passed to the Convener and the members of the Committee for their past services. This was passed with acclamation.

SUB-COMMITTEE TO ESTABLISH A COLLEGE OF PHYSICIANS AND SURGEONS

80. *Report of Chairman:* In presenting his report, the Chairman referred to an informal meeting which had been held on the previous evening with representatives from various parts of the Union, in order to gain an expression of opinion as to whether the Committee in Cape Town was proceeding on the right lines. This had been confirmed. He now felt more than ever convinced that we should press on with the establishment of a College.

Council received the Report with acclamation.

Various speakers expressed support of the idea of the College, and the Chairman stated that he would report progress at the next meeting of Council.

Mr. Goldschmidt then proposed the adoption of the Report.

This was seconded by Dr. Ochse and carried.

81. *Appointment of the Sub-Committee:* Council agreed that the same Sub-Committee be reappointed; Mr. Goldschmidt to continue to act as Chairman.

SUB-COMMITTEE FOR LIAISON WITH THE PHARMACEUTICAL SOCIETY OF SOUTH AFRICA

82. *Report of Convener:* The Convener stated that no meetings had been held as apparently no problems had arisen. *Noted.*

83. *Appointment of the Sub-Committee:* Council agreed that the Committee should consist of Drs. Vercueil, Braun and Ochse; Dr. Vercueil to act as Convener.

SUB-COMMITTEE TO ADVISE THE CONTROLLER OF IMPORTS

84. *Report of Convener:* A Report by the Convener was submitted, from which it was apparent that the Committee continued to do good work. *Noted.*

85. *Appointment of the Sub-Committee:* Council agreed that the same Committee be reappointed.

SUB-COMMITTEE ON POST-MORTEM EXAMINATIONS

86. *Report of Convener:* A Report by the Convener was submitted, which stated that apparently the Government was taking active steps to amend legislation in connexion with non-statutory autopsies in the Union. *Noted.*

87. *Appointment of the Sub-Committee:* Council agreed that the same Sub-Committee be reappointed.

SUB-COMMITTEE TO ADVISE THE NATIONAL ROAD SAFETY ORGANIZATION

88. *Report of Convener:* A Report by the Convener was submitted, in which it was stated that the Sub-Committee had not met since the last meeting of Council, but that arrangements had been made for Dr. Shapiro during a visit to Scandinavia to investigate blood alcohol problems in Copenhagen and Stockholm on behalf of the National Road Safety Organization of South Africa. *Noted.*

89. *Appointment of the Sub-Committee:* The Chairman of Council stated that this was not strictly a Sub-Committee of the Association but had become a study group of the National Road Safety Organization, and it was not necessary for Council to reappoint the Committee. *Noted.*

NOTICES OF MOTION

90. *Alteration of By-Laws:* The Medical Secretary reported that in accordance with By-Law 70, the opinions of the Branches had been sought regarding the amendment of By-Law 10 and By-Law 62 (b). These are as follows:—

By-Law 10: Delete By-Law 10 (a) and (b) and substitute with a new By-Law 10:—'Save as hereinafter provided, subscriptions shall be paid by all members to the Head Office of the Association'.

By-Law 62 (b): Amend By-Law 62 (b) by the deletion of the words 'Branch of an amount not exceeding 10s. per member per annum', and the substitution of the words 'member of an annual subscription'.

The opinions of the Branches had been generally in favour of the proposed amendments.

A vote was then taken on these amendments. The amendment of By-Law 10 was carried *nem. con.* The amendment of By-Law 62 (b) was carried *nem. con.*

91. *'Closed Shop Principle':* Notice of Motion was given by Professor Brock, seconded by Dr. J. P. de Villiers, that at its next meeting Federal Council should debate 'That Federal Council is opposed to any form of so-called "closed shop principle" whereby membership of any association or group is made a condition of employment of medical men'.

HONOURS

92. *Bronze Medal—Dr. C. A. H. Green:* The Medical Secretary read a letter from the Southern Transvaal Branch recommending that Dr. Green be awarded the Bronze Medal of the Association. He then read the accompanying citation, which was received with acclamation.

Dr. Green retired from the meeting and the Chairman explained that the procedure laid down in the rules required

LUTOCYCLIN 'LINGUETS' (ETHISTERONE CIBA)

The orally active progestogen
in its
most economical form

SUBLINGUAL ABSORPTION

can double the effectiveness of
ethisterone because hepatic and
intestinal inactivation are
avoided. The maximal utilisation
of the dose administered is
therefore ensured

5, 10 and 25 mg. 'LINGUETS'
are available

LUTOCYCLIN (PROGESTERONE CIBA)

AMPOULES 'CRYSTULES'
2, 5, 10, 25 mg. 50 mg.

IMPLANTS 100 mg.

provide progesterone in forms to
meet all present day therapeutic
requirements

(* Lutocyclin* and *Linguets* are
registered trade marks)

CIBA

Sole Agents: SOUTH AFRICA
Sana Limited, P.O. Box 3951, Johannesburg

Sole Agents: RHODESIA
Geddes Limited, P.O. Box 877
Bulawayo & P.O. Box 1691, Salisbury

R/9

Second Helpings



... are the rule during administration of the
newest growth factor, Vitamin B₁₂

Now available as

BE-BALT 12 TABLETS

5 microgrammes per tablet

20's, 60's

and in

SYRUP C.V.S.

A palatable, citrus-flavoured and readily accepted preparation
containing in each 5 c.c.:

Vitamin A	3,000 i.u.	Nicotinamide	10 mg.
Vitamin B ₁	1.5 mg.	Vitamin C	40 mg.
Vitamin B ₂	1.5 mg.	Vitamin D	500 i.u.
	Vitamin B ₁₂	1 microgramme	

4 oz.

16 oz.

80 oz.

Manufactured in South Africa by



Established 1842

Box 38, CAPE TOWN

Box 5992, JOHANNESBURG

LATEST FINDINGS CONFIRM BOVRIL CLAIMS

Most effective gastric stimulant

For more than fifty years BOVRIL has been recognised by the Medical Profession, and by Dietetic Authorities, as the pre-eminent form of concentrated beef for use in illness and convalescence, and the public place their faith in it as a standby on all occasions.

BOVRIL is rich in protein and is also specially valuable because of its high vitamin "B" content—two or three cups of BOVRIL supply the full adult daily requirement for nicotinic acid, and a not inconsiderable proportion of the riboflavin requirement, these being the principal substances comprised in the vitamin "B2" complex.

Intensive study of the nutritive value of meat extracts made during the recent war by both British and German chemists, shows that meat extracts have a much higher nutritive value than was previously

thought, while other independent tests have demonstrated that BOVRIL promotes a greater flow of gastric juices than any of the other gastric stimulants used in the tests.

BOVRIL is also rich in Sodium Glutamate, a protein component which has the unique property of enhancing the natural flavours of foods with which it is incorporated. Thus apart from its own most attractive and intense flavour, BOVRIL brings out the natural flavours of other foods, and is to that extent a new-style condiment.

Everyone, therefore, who is run down through strain or illness, or who feels in need of extra strength to cope with the demands of modern life, should take a cup of hot Bovril daily. It is a delicious and stimulating way of keeping fit and strong.

BOVRIL stimulates digestion

E145a



Crystals of vitamin B₁₂ isolated from Anahæmin.

'ANAHÆMIN'

The established treatment for pernicious and other macrocytic anæmias

Further evidence that the therapeutic action of liver extract in pernicious and other macrocytic anæmias depends upon the presence not only of a primary factor, vitamin B₁₂, but upon the presence also of accessory factors, was presented by several speakers at the recent International Congress of Hæmatology held at Cambridge (see *Lancet*, September 23rd, 1950, p. 407). Until the part played by these factors, both primary and accessory, is clearly defined, the use of Anahæmin, which for over a decade has proved to be completely effective therapy, is both rational and in the best interests of the patient. Every batch of Anahæmin is clinically tested before issue.

'ANACOBIN' Solution of PURE crystalline vitamin B₁₂

Occasionally, cases of pernicious anæmia arise which cannot be treated satisfactorily, even with Anahæmin, because of hypersensitivity. For the temporary treatment of such cases Anacobin is available.

Further information is available on request.

BRITISH DRUG HOUSES (SOUTH AFRICA) (PTY.) LTD.

123 JEPPE STREET JOHANNESBURG

Anah-Anch/Saf/48

that a ballot vote be taken. Mr. Goldschmidt was appointed to act as scrutineer with the Medical Secretary. When Dr. Green returned to the meeting the Chairman announced that he had been awarded the Bronze Medal of the Association. This announcement was greeted with acclamation. Dr. Green thanked the Council for the honour which had been bestowed on him.

HEALTH SERVICES IN THE CAPE

93. *Report of the Augmented Executive Committee for the Cape:* The Chairman, Dr. Sichel, stated that the Liaison Committee set up in August 1950 consisted of three representatives of the Medical Association with three representatives nominated by the Provincial Administration, under the Chairmanship of the Director of Hospital Services. This Committee had met on six occasions, the last being on 17 August 1951. As a result of negotiations by the Liaison Committee, agreement had been reached on the following points: (a) Retention of honorary medical staff; (b) Appointment of members of honorary medical staff; (c) Retirement of members of honorary medical staff (N.B.—Procedure for dismissal still to be drafted); (d) Basis of honoraria; (e) Constitution and functions of Medical Committees (Regulations framed in terms of Sections 33 and 52 of Ordinance No. 18 of 1946 as amended, gazetted on 22 June 1951. Become effective in March 1952); (f) Filling of contractual medical posts; (g) Filling of permanent medical posts; (h) Summoning of medical assistance in emergency cases; (i) Part-time Medical Superintendents to serve on honorary medical staffs. *Noted.*

94. *X-ray Services in the Cape:* A letter from the Director of Hospital Services in the Cape was submitted. Discussion followed and it was eventually agreed that the Medical Secretary should write again to the Director of Hospital Services to point out that in the Transvaal and Natal accounts for radiography are rendered direct to private patients and not to medical practitioners.

95. *Staffing of Groote Schuur Hospital:* The Chairman reported that as the result of negotiations between the Administration and the University, agreement had been reached regarding establishment and salaries. All posts had been advertised. The applications received had been considered by a special Advisory Committee set up under the agreement, on which the Medical Association had two representatives nominated by the President (Dr. D. P. Marais and Mr. L. B. Goldschmidt).

Recommendations of the Advisory Committee had been submitted to the Central Hospitals Advisory Committee and appointments were made by the Administrator-in-Executive Committee.

Practically every practitioner holding an honorary post at Groote Schuur Hospital in the past had been reappointed on a whole-time or part-time paid basis. Except for minor criticisms, all appointees seemed content for the time being. There was, however, some apprehension for the future among holders of part-time posts who had had meetings with the object of forming a group to watch over their interests. *Noted.*

(Council adjourned for dinner at 6.20 p.m. and resumed at 8.30 p.m.)

HEALTH SERVICES IN THE TRANSVAAL

96. *Shortage of Beds:* The Chairman of the Augmented Executive Committee in the Transvaal, Dr. Braun, reported that there was a considerable shortage of beds in the Johannesburg and Reef area. While there seemed to be sufficient in the platteland hospitals, owing to the shortage in Johannesburg the people were finding great difficulty in making use of the services offered to them by the Transvaal Hospitals Ordinance. The matter had been taken up with the Administrator and it was hoped that provision might be made for the taking over of more nursing-home beds. *Noted.*

97. *The Honorary System in the Transvaal:* Various speakers discussed the unsatisfactory state of affairs which was said to be arising due to the paid appointments in the hospitals in the Transvaal, each stressing that a solution to this problem would be the reinstatement of the honorary system, even though this might mean an alteration in the Transvaal Public Hospitals Ordinance.

It was proposed by Dr. Schneider, and seconded by Dr. Schaffer, 'That Federal Council feels that the honorary system

of staffing hospitals for those not well able to pay for medical services is in the best interests of the profession and the public'.

An amendment was proposed by Prof. Brock, and seconded by Dr. Goldberg: 'That Federal Council is of the opinion that the attachment of as many medical practitioners as is practicable to the staffs of hospitals is a principle which must be given due weight in the consideration of staffing. If this principle is to be prejudiced by the abolition of the honorary system, then Council favours a return to the honorary system.'

With permission of his seconder, Dr. Schneider withdrew his proposal in favour of this amendment.

The amendment was then put to the vote as a substantive motion and was carried *nem. con.*

HEALTH SERVICES IN NATAL

98. *Hospitals Commission in Natal:* The Chairman of the Augmented Executive Committee in Natal, Mr. Sweetapple, stated that the Hospitals Commission was busy taking evidence and that there would be no change in the existing Ordinance until the results of the Commission's investigations had been made public. *Noted.*

HEALTH SERVICES IN THE ORANGE FREE STATE

99. *Payment for Medical Services:* The Chairman of the Augmented Executive Committee in the Orange Free State, Dr. Theron, stated that the present system was working satisfactorily. He pointed out that for a long time there had been no real honorary system in the Free State but that even in pre-war years a certain amount of payment had been made to the so-called honorary staffs, up to as much as £240 per year. The principle was, however, observed that as many members as possible were put on to the honorary staffs both in the larger towns and on the platteland. *Noted.*

100. *Emeritus Membership of the Association:* The Chairman of Council drew attention to the fact that there were a number of honorary members who had been elected under the old By-Law. As the term 'honorary membership' now applied to a different form of membership, Council resolved that these persons should all be made emeritus members.

101. *Certificates of Emeritus or Honorary Membership:* The Medical Secretary stated that certificates had been prepared, with the approval of the Head Office and Journal Committee, for presentation to emeritus and honorary members. Provision had been made for these to be signed on behalf of the Federal Council and to be sealed with the Association's Seal. Council approved.

The Medical Secretary stated further that no procedure had been laid down as to how these certificates should be distributed. He suggested that in future they should be sent to the Honorary Secretaries of Branches so that a suitable occasion might be created to present the certificates to the emeritus or honorary members concerned.

Dr. Schneider moved that this procedure be adopted. Council agreed.

102. *Appointment of Augmented Executive Committees in the Four Provinces:* Mr. Sweetapple pointed out that with the constitution of a new Federal Council, various changes had taken place and he suggested that the Augmented Executive Committees in the four Provinces be reconstituted accordingly.

(a) Transvaal: Dr. Braun stated that two of the members in the Transvaal had not been returned to Council. These were Drs. Turton and van Dyk. Council agreed that Drs. Ochse and Murray should replace Drs. Turton and van Dyk respectively. Council further agreed that Dr. Turton should be asked to remain a co-opted member of the Augmented Executive Committee, but without voting powers.

(b) Natal: Dr. Disler proposed that Dr. Young take the place of Dr. Armitage who had not been returned to Council. Council agreed.

(c) Orange Free State: Dr. Theron proposed that Dr. Derksen be appointed to the Augmented Executive Committee in the Free State to replace Dr. Connan who had not been returned to Council, but that Dr. Connan continue to serve as a co-opted member without voting powers. Council agreed.

103. *Status of General Practitioners:* The Chairman referred members to a memorandum which had been circulated on the previous day. Dr. Struthers was asked to elaborate on his memorandum.

Prof. Brock congratulated Dr. Struthers on his report and

moved: 'That Federal Council receives with appreciation the report of the sub-committee and recommends that it be published in the *Journal*. Council further recommends that the matter be considered further by the Branches in whose areas medical schools are situated and that in particular contact should be formed between the Branches and the Deans of the Medical Schools. Further, that the matter of post-graduate education be raised by the Federal Council's representatives on the Inter-University Committee for the Development of Post-Graduate Medical Education.' He was seconded by Dr. Green.

Dr. Struthers suggested an addendum, that a Committee of Federal Council be appointed to be responsible for the follow-up and implementation of the various suggestions incorporated in the report.

Prof. Brock and his seconder agreed to the addendum. The resolution with the addendum was then put to the vote and carried *nem. con.*

It was proposed by Dr. Shapiro, and Council agreed, that Dr. Struthers and Professor Brock should form the Committee, with power to co-opt.

104. *Nurses' Examination Papers*: The Chairman referred members to a memorandum which had been circulated on the previous day. Dr. Schaffer amplified his memorandum.

During the discussion which followed, various suggestions were made and Dr. Schaffer suggested that the memorandum be re-drafted in the light of these suggestions and referred to a new committee. Council agreed. Council further agreed that the Committee should consist of Dr. Schaffer as Convener, and Drs. Waks, Dialer and Goldberg.

105. *Ethical Rules Concerning Benefit Societies*: The Medical Secretary drew attention to the Minutes of the last meeting of Council, in which Dr. Shapiro had stated that he would give notice of motion that an ethical rule should be passed regarding the employment of medical practitioners by Benefit Societies.

Dr. Shapiro replied that he did not wish to press the matter at this stage.

The Medical Secretary then referred to a letter from the Registrar of the South African Medical and Dental Council, in which a draft of certain rules proposed by the Medical Council had been included. The matter had been referred to the Medical, Dental and Pharmacy Act Sub-Committee which had prepared a memorandum. This had been submitted to the Central Committee for Contract Practice and later endorsed by the Executive Committee of the Council. The memorandum had been returned to the Registrar as the Association's reply and the matter was now before Council for confirmation.

Council confirmed the action which had been taken, and endorsed the memorandum prepared by the Medical, Dental and Pharmacy Act Sub-Committee.

106. *Fund for Educational and Other Medical Purposes*: A letter from the Registrar of the South African Medical and Dental Council was submitted and the Medical Secretary reported that the Executive Committee had considered this on the day preceding the meetings of Council. The Executive Committee recommended to Council that the proposal be accepted.

After discussion it was proposed by Dr. Meltzer, seconded by Dr. Ochse: 'That this Association is opposed to the motion as submitted by the South African Medical and Dental Council.' An amendment was proposed by Dr. Shapiro, seconded by Mr. Cole Rous, that if such a fund is established it should be used either for purposes of medical research or for charity, but the persons who earn the fees, or their employers, should in no circumstances be direct beneficiaries of the fund.

Dr. Meltzer and his seconder withdrew their proposal and the amendment was put to the vote as a substantive motion and carried *nem. con.*

(Council adjourned at 11.30 p.m.)

SATURDAY, 22 SEPTEMBER

The meeting commenced at 9.30 a.m.

107. *Press Statement*: Dr. Braun asked that as a matter of urgency Council should consider refuting a statement which had appeared in the morning paper and which had been made by Dr. Woolf, M.P.C. He read a portion of the statement. The Chairman suggested that Council should take a decision

as to whether a replying statement should be made, and that Dr. Braun should be asked to draw up the statement. Council agreed that such a statement should be made.

MATTERS REFERRED TO OR BY BRANCHES

108. *Habit-forming Drugs—Diacetylmorphine*: The Medical Secretary reported that a letter had been received from the Secretary for Health with a suggestion emanating from the World Health Organization that Diacetylmorphine should be outlawed and an inquiry as to whether it was desired that machinery should be established to give a single name to every habit-forming drug subject to international control. The matter had been referred to the various Branches of the Association and general agreement had been reached that it would be desirable to outlaw diacetylmorphine and also to have a single name for such habit-forming drugs as were subject to international control. He stated further that the Executive Committee recommended to Council that the proposals of the World Health Organization be accepted. Council agreed.

109. *Embossing of Trade Marks on Tablets*: The Medical Secretary reported that this matter had been referred by the Pharmaceutical Society on a previous occasion and had then been dealt with by Council. Once more it had been raised by the Society and the matter had been referred for opinion to the Branches. He gave a résumé of the opinions which had been received.

Dr. Seymour Heymann moved that Council reaffirm its previous resolution. Council agreed.

110. *Barbiturates and the Habit-forming Drug Schedule*: A letter from the Cape Eastern Branch was submitted in which it was requested that Federal Council approach the Department of Health with a view to having all the barbiturates placed on the Habit-forming Drug Schedule.

The Medical Secretary stated that the Executive Committee recommended to Council that this be done. Council agreed to the recommendation.

111. *Amendment of Rule 13 and Schedule 'B' of the Cape Western Branch Rules*: A letter from the Cape Western Branch was submitted.

The Medical Secretary stated that the Executive Committee recommended that the principle behind the amendments be approved. Council agreed to the recommendation of the Executive Committee.

112. *Presentation of Medals*: The Medical Secretary reported that certain medals awarded by the Federal Council had not been presented as the practice in the past had been to present them at Congresses. This procedure would have been followed at the Joint Meeting. He had suggested to the Executive Committee that they be awarded in the meantime by the Branches concerned. The Executive Committee recommended to Council that this procedure be followed. Council agreed to the recommendation of the Executive Committee.

113. *Employment of Members by Benefit Societies*: A letter from the East Rand Branch was submitted, in which it was suggested that all medical practitioners employed by Medical Benefit Societies should be members of the Association.

After discussion Council agreed that no action be taken and that the correspondence be noted.

114. *Transvaal Peace Council*: The Medical Secretary reported that a request had been received from the East Rand Branch that a circular letter under this heading should be placed on the Agenda. Circular letters had also been received by other persons and Branches.

Dr. Meltzer stated that he would not press for any discussion.

Dr. Ochse proposed that the matter be noted. Council agreed.

115. *Attendance at Federal Council Meetings*: The Medical Secretary submitted letters from the Natal Inland Branch and the Northern Transvaal Branch, both of which suggested that the allowances paid to members of Federal Council attending meetings should be increased.

Considerable discussion followed and the following resolutions were put to the meeting:—

It was proposed by Dr. Gie, seconded by Dr. Shapiro, and resolved that no payment be made by Federal Council for loss of practice of members when attending meetings of the Federal Council.

It was proposed by Dr. Young, seconded by Dr. Joubert, and resolved that Federal Council authorize the utilization of air transport for members attending Federal Council meetings.

It was further proposed by Dr. Green, and Council agreed, that air travel should also be available for members of Federal Council attending meetings of Committees of the Council, but that such additional members as the Branches might wish to attend meetings of Committees of Council should be a charge on the Branches concerned.

It was proposed by Dr. de Villiers, seconded by Dr. Gie, and resolved that the subsistence allowance for members attending meetings of Federal Council and other officially recognized Federal Council Committees be increased from the present rate of 10s. 6d. per half day to £1 1s. per half day from 1 October 1951.

It was further proposed by Dr. Theron, and Council agreed, that air travel should also only be authorized as from 1 October 1951.

Council further agreed that the new subsistence allowance rate regarding travel by aircraft should be calculated only from the time that the aircraft arrived at its destination until it left on its return journey.

116. *Formation of a Basutoland Branch:* A letter from the Orange Free State and Basutoland Branch was submitted. This was amplified by Dr. Theron.

The Medical Secretary reported that the Executive Committee recommended to Council: 'That the present Border and Basutoland Division of the Orange Free State and Basutoland Branch be altered to include only the territory of Basutoland and that this be known as the Basutoland Division of that Branch. Further, that the application for recognition by Basutoland as a separate Branch be not approved at this stage.' Council agreed with the recommendation of the Executive Committee.

MATTERS REFERRED TO OR BY GROUPS

117. *Anaesthetic Deaths:* A letter from the Transvaal Sub-Group of the South African Society of Anaesthetists was submitted. This had been referred to the Southern Transvaal Branch. After discussion it was proposed by Dr. Gie, seconded by Dr. Green, and resolved that the matters contained in the letter be referred back to the S.A. Society of Anaesthetists.

MATTERS REFERRED TO OR BY AFFILIATED ASSOCIATIONS

118. *Letter from the British Medical Association:* A letter from the Secretary of the British Medical Association was submitted, referring to the visit of Dr. Sichel to London in June.

Dr. Pirie stated that no doubt the Medical Secretary had already replied to the letter, but he felt that a word should be said in praise of Dr. Sichel for the excellent way in which he had acted for the Association and made our bond of affiliation even closer than before. Dr. Pirie's remarks were received with acclamation.

Dr. Sichel thanked the Council for their reception of Dr. Pirie's remarks and stated that he had no doubt that Council, in praising him, had included his wife, as the British Medical Association had much appreciated her presence at their Meeting.

119. *British Commonwealth Medical Conference, India, 1952:* The Chairman reported that the Executive Committee recommended that the Medical Secretary represent the Association at this Conference. Council agreed.

The Chairman recommended further that the expenses involved should be met by the Association. This was carried *nem. con.*

MISCELLANEOUS

120. *National Council for the Care of Cripples—Election of New Council:* A letter from the National Council for the Care of Cripples was submitted.

The Medical Secretary stated that the matter had been placed before the Orthopaedic Surgeons' Group and the Executive Committee recommended that the two orthopaedic surgeons who had represented the Association in the past, namely Mr. Hamilton Bell and Mr. Fouché, should continue to do so for the next triennium. Council agreed.

121. *Medical Treatment of Service Personnel from High Commission Territories:* The Medical Secretary submitted a

letter from the Secretary to the High Commissioner, requesting that pensioners of the High Commission territories service should be treated at Medical Aid Society rates in the same way as serving personnel who were at present treated on the authority of Federal Council. He stated further that the Executive Committee recommended that this be done. Council agreed to the Executive Committee's recommendation.

122. *National Health Council:* The Medical Secretary stated that he had written to the Secretary for Health requesting information as to whether an election for the National Health Council would be held during 1951. He had now been informed by the Secretary for Health that the existing legislation laid down that a Council should be elected for a period of five years and it gave the Minister of Health the option of extending the life of the Council for a further two years, if desired. It made no provision for future elections. If the National Health Council was to be reappointed it would have to be done by amending legislation, which had not yet been placed before Parliament. The decision would rest with the Minister of Health as to whether such legislation was to be contemplated. *Noted.*

ANY OTHER BUSINESS

123. *Compulsory Internships:* Dr. Broomberg referred to the item dealt with in Minute 32 above. Council agreed unanimously that the matter be taken.

A resolution proposed by Dr. Taylor, seconded by Dr. Broomberg, was then read as follows:—'In view of the urgent necessity of utilizing to the full the services of non-European graduates in medicine and surgery in meeting the health needs of their people, Federal Council requests the Natal Coastal Branch to explore the opening to non-European doctors of appointments and posts in connexion with the non-European hospitals and health services of the country, and that the Branch be asked further to report back with recommendations to the next meeting of Council.'

After considerable discussion, Dr. Struthers proposed and Council agreed that the question be put. The resolution was then put to the vote and carried *nem. con.*

A further resolution was proposed by Dr. Schneider, seconded by Dr. Seymour Heymann, as follows:—'(i) That Federal Council regrets the fact that certain medical graduates have so far been unable to obtain internship posts at approved hospitals. (ii) That the Minister of Health be approached with the request that everything be done to ensure that medical graduates qualifying in the Union of South Africa can obtain internship posts at approved hospitals. (iii) That the Augmented Executive Committees in each Province be asked to approach the Provincial Administrations with the same end in view.' On being put to the vote, this was carried.

124. *Constitution of Medical Committees in Cape Provincial Hospitals:* Professor Brock stated that he had been asked by Dr. Jabkowitz to raise this question at Federal Council. He himself felt that it was a matter which could well be referred to the Augmented Executive Committee for the Cape.

The Chairman stated that Dr. Jabkowitz was a member of the Augmented Executive Committee for the Cape and the question of the constitution of Medical Committees in the Cape Hospitals had already been dealt with by the Liaison Committee. The rules laid down had already been gazetted.

Council agreed that Dr. Jabkowitz be informed accordingly.

125. *Date and Place of Next Meeting of Council:* The Medical Secretary reported that the Executive Committee recommended that the next meeting of Council be held in Johannesburg in February 1952. Council agreed.

126. *Hospitality of the Southern Transvaal Branch:* The Chairman of Council expressed the appreciation of the Council to the Southern Transvaal Branch for their kind hospitality during the course of the Council meetings. Council agreed that a letter be written to the Branch accordingly.

127. *Thanks to the Chairman:* The President, Dr. Theron, proposed a vote of thanks to the Chairman of Council for the way in which he had presided at the meeting. This vote was accorded with acclamation.

In reply, the Chairman thanked the members for their presence and their co-operation.

(The meeting ended at 12.45 p.m.)

REVIEWS OF BOOKS

ANTIBIOTICS

Antibiotics. Being the Fifty-second Robert Boyle Lecture. By Professor Sir Howard Florey, F.R.S., M.A., Ph.D. (Pp. 35, 6s.) Oxford, England: Blackwell Scientific Publications, 1951.

In this little book Professor Florey has given a short, simple and well-illustrated account of the discovery of the antibiotics, the tests for their activity and methods of cultivation of the organisms producing these agents. He also gives an account of the isolation, purification, composition, identification and actions of these chemotherapeutic substances.

It is interesting that antibiotics and antibiotics have been investigated for over half a century although the rapid practical development has only taken place in recent years.

Thousands of species of micro-organisms produce antibiotics, although only a very limited number has thus far been used in therapeutics. Commercial fermenters nowadays used for the production of Penicillin may have a capacity of 10,000 to 15,000 gallons. Only a few milligrams of active substance are obtainable from every litre of the brew. Some antibiotics are proteins, many are polypeptides, others are phenols and quinones, but little is known about their chemistry. They act in a subtle selective manner on micro-organisms. There are still many diseases, especially those caused by filtrable viruses, for which chemical treatment has still to be discovered.

INCOME TAX AND THE DOCTOR

Income Tax in South Africa. By David Shrand, A.S.A.A., C.A. (S.A.) (Pp. 326 + ix, 32s, 6d.) Cape Town and Johannesburg: Juta and Company Limited, 1951.

Contents: 1. Outline of Income Tax System in the Union of South Africa. 2. The Drawing of Legal Documents and the Incidence of Income Tax. 3. Income Tax as it Affects Medical Practitioners (Applicable to Professional Persons Generally). 4. Income Tax as it Affects Property-Owners. 5. Income Tax as it Affects: (a) Partnerships; (b) Hoteliers and Boarding-house Keepers; (c) Merchants and General Dealers; (d) Traders who Sell on Hire-Purchase Agreement; (e) Builders and Contractors; (f) Trusts; (g) Deceased Estates; (h) Minors. 6. Income Tax as it Affects Farmers. 7. Income Tax as it Affects Companies. 8. The Completion of an Income Tax Return of an Individual. 9. The Completion of an Income Tax Return of a Company. Appendixes, Index.

The increasing complexity of the system of Income Tax assessments in this country has forced many medical practitioners to take a more personal interest in a problem which affects them so vitally.

The present volume comprehensively covers the whole field, but a special chapter is devoted to the requirements of medical practitioners, some of whom no doubt will also be interested in the lengthy special chapter dealing with the requirements of farmers. Useful data applicable to residents in the various provinces have been included in an appendix as have also pertinent examples illustrating methods of calculation.

With the wealth of literature on this subject now available to the medical practitioner, it should be possible for him to prepare his own income tax return. Even if he is not prepared to do so, perusal of the literature will give him a fairly good idea of what his commitments are likely to amount to.

ELECTRO-RADIOTHERAPY

Nouveau Traité D'Électro-Radiothérapie. By L. Delherm. (In three volumes. Pp. 2,776, with 995 figures and illustrations. 13,500 francs.) Paris: Masson et Cie.

Contents: Volume I: Généralités physiques et biologiques. Volume II: Système nerveux. Glandes endocrines. Os, Articulations. Sang et ganglions. Dermatologie. Volume III: Voies aériennes. Tube Digestif. Voies urinaires. Organes génitaux.

This impressive publication represents the work of leading specialists in France and constitutes a summary of present-day knowledge in the various fields concerned. Contrary to the practice in most other countries, electrotherapy and radiotherapy are regarded as closely associated subjects, to be dealt with in one treatise. All the same, the work is in the main a textbook of radiotherapy and it treats the subject in a most comprehensive manner.

The first volume—the largest of the three (1,068 pages)—presents chapters on the physics of radiations and the technique of their application, on the technique of electro-diagnostic and electro-therapeutic methods, and on the development of radiobiology in the last 50 years.

Among those of special interest to the radio-therapist are chapters on atoms and photons by Bugnard, on X-rays by Lamarque, on the distribution of radiating energy in X-ray therapy by Coliez and Lamarque and that on radium treatment by Coliez. Physical problems occurring in the practice of radiotherapy are explained in a lucid manner while avoiding mathematical intricacies that the average medical radio-therapist is unable to follow.

The chapters on the distribution of radiating energy in tissues embody the work of Continental, British and American authors. They show the efforts by these authors to replace the almost useless statements of doses on the skin or other 'ports of entry' by calculations or measures of doses actually delivered at various points of the tumour or region of malignant invasion.

A chapter by Coliez and Bourdon gives an excellent review of our knowledge of the biological action of radiations and fast-moving particles. A well-known British author, A. Glucksmann, contributes a short chapter on the local cytological changes produced by radiation on cancerous tissues, as viewed in serial biopsies.

In the chapters on technique a great variety of modern methods is discussed, including supravoltage X-ray treatment, beta rays and neutrons and the use of isotopes.

The second and third volumes are devoted to clinical subjects within the range of conditions in which radiotherapy or electrotherapy may be considered. As may be expected of a major French treatise, clinical descriptions are adequate and clear and lay full stress on the necessity of individual analysis in each case. For each of the principal cancers, ample space is given to normal and pathological anatomy and to the study of lymphatic drainage. The choice of technique and radiations is discussed in detail for each of these groups.

In a work of 120 collaborators it may be onerous to mention chapters that appear to be of special importance, but it may be permissible to quote some of them as examples of the set-up and conception of this publication. In the second volume, in the part devoted to the central nervous system, there is a chapter by Stuhl and David on tumours of the cranial cavity, and one by Stuhl and Puech on tumours of the hypophysis, one on medullary tumours by Humbert, Bernard and Morel-Kahn, and one on syringomyelia by Delherm, Haquenau, Gally and Bernard.

Electrotherapy plays a major role in the chapters on affections of peripheral nerves and muscles (160 pages). In the part devoted to the endocrine glands, there are chapters on general endocrinology (Rivoire), on functional radiotherapy of the hypophysis (Delherm, Thoyer-Rozat and Noix), on hyperthyroidal syndromes (Delherm and Beau), on cancer of the thyroid (Ducuing and Jacotot), on parathyroidal osteoses (Marques and Roux) and on hypertrophy of the thymus (Aimé). A knowledge of these subjects is essential to the radiotherapist. All this is dealt with (and adequately for the purpose in the limited space of 63 pages) thanks to the avoidance of that deadly wordiness which is often encountered in large textbooks of the 'handbook' variety.

Chapters by Ledoux-Lebard on the radiotherapy of bone tumours, and by Bétoulières on Paget's disease, summarize the present position with regard to these distressing conditions and offer a valuable aid to radiotherapist and surgeon on decisions of the utmost gravity. The remainder of the second volume is taken up by chapters on other diseases of bones and joints, of the connective tissues, of the blood and of the lymphatic systems, and lastly a chapter on physical agents in dermatology.

The third volume deals with some of the conditions met most frequently in radiotherapeutic practice. The authors describe extensively the pathology and various methods of treatment of malignant tumours of the face, the nasal and oral cavities, the pharynx, the larynx, the lungs, the oesophagus, the rectum, the male and female genital organs, as well

as the treatment of many non-malignant conditions. A large chapter is devoted to tumours of the breast. The limitations as well as potentialities of the various forms of radiotherapy are fully appreciated and discussed in the light of our knowledge of the anatomical, pathological and clinical features of the conditions under review. The place of surgery, of hormone therapy and other chemical methods is assessed and conclusions are drawn with due reserve.

Pride of place in this impressive work is given to the radiotherapy of malignant disease. When reading through its pages one realizes how much has been achieved in this field and how very much remains to be done. The great variety in methods of treatment and the many uncertainties that remain, even in fundamental conceptions, show only too clearly how far we are still from standardizing our knowledge or our methods.

A survey such as that offered in these volumes, more comprehensive than in any textbook on the subject in any other language, should be a most valuable aid to medical men engaged in the treatment or study of cancer. The Editors are to be congratulated on their magnificent achievement in marshalling the contributions of so many authors into a well-balanced whole.

Delherm's *Electro-Radiothérapie* should have a place on the shelves of any radiotherapist conversant with the French language.

EMBRYOLOGY OF THE PIG

Embryology of the Pig. By Bradley M. Patten. Third Edition. (Pp. 352 + xiii, with 186 illustrations, of which 6 are in colour. Approximate price: £2 2s.) Philadelphia; Toronto: The Blakiston Company. 1948.

Contents: 1. Foreword to the Student. 2. The Reproductive Organs. Gametogenesis. 3. The Sexual Cycle; Fertilization. 4. The Process of Cleavage and the Formation and Early Differentiation of the Germ Layers. 5. The Early Development of the Body Form and the Establishment of the Organ Systems. 6. The Extra-Embryonic Membranes and the Relation of the Embryo to the Uterus. 7. The Structure of Embryos from Nine to Twelve Millimetres in Length. 8. The Development of the Nervous System. 9. The Development of the Digestive and Respiratory Systems and the Body Cavities. 10. The Development of the Urinary System. 11. The Development of the Circulatory System. 12. The Histogenesis of Bone and the Development of the Skeletal System. 13. The Development of the Face and Jaws and the Teeth. Bibliography. Index.

Dr. Patten's embryological monographs are already so well known that they require little by way of introduction. The appearance of a third edition of his *Embryology of the Pig* is testimony to its richly deserved popularity. To readers of this *Journal* it is likely that the same author's *Human Embryology* will have a wider appeal. However, knowledge of comparative embryology has added much to our understanding of developmental processes in general and the pig has been one of those forms most intensively studied. Medical students and, of course, students of biology, will find in this volume a rich source of information, lucidly presented in a most readable text. However, they must expect here a description of the development of form and function (more particularly the former) rather than a formulation of the fundamental principles of development as elucidated in experimental embryology. The author has, perhaps wisely, refrained from trying to cover also this aspect of the subject in his monograph.

The value of the work is much enhanced by the very many excellent photographs and drawings. All in all it is a book to be recommended unhesitatingly to all those with even the least interest in the study of embryology.

PAEDIATRICS 1951

The 1951 Year Book of Pediatrics. Edited by Henry G. Pondner, M.D., with the collaboration of Julius B. Richmond, M.D., and Isaac A. Abt, M.D. (Pp. 441, with 100 illustrations. \$5.00) Chicago: The Year Book Publishers, Inc. 1951.

Contents: 1. Introduction. 2. The Year in Pediatrics. 3. The Premature and the Newborn. 4. Nutrition and Metabolism. 5. Gastrointestinal Tract. 6. Genitourinary Tract. 7. Respiratory Tract. 8. Infectious Diseases and Immunity. 9. Allergy. 10. Poliomyelitis. 11. Tuberculosis. 12. Heart and Blood Vessels. 13. Blood. 14. Endocrinology. 15. Orthopedics. 16. Dermatology. 17. Otolaryngology. 18. Ophthalmology. 19. Neurology and Psychiatry. 20. Therapeutics and Toxicology. 21. Miscellaneous. Indexes.

To many paediatricians and other practitioners who are par-

ticularly interested in the diseases of children the appearance of this annual publication is something in the nature of an event. In this, the 1951 digest of current paediatric literature, there is evidence that the articles selected have been, as hitherto, carefully read and condensed so as to present the salient features of each. Perhaps too much emphasis is placed on abstracts from American journals; more of the writings from other countries might have been included with profit to the reader.

The practice of appending short critical paragraphs to certain articles or groups of related articles is continued in the present volume. This is an interesting and useful aid to the evaluation of the original writings. A feature of the paediatric *Year Book*, first introduced in 1949, is the expansion of editorial comment; apart from a valuable introductory survey entitled *The Year in Pediatrics*, most of the sections are preceded by a concise review of recent advances and significant trends in this subject. It is a pity that guest editorials, apparently a special feature of the 1950 *Year Book* to commemorate the fiftieth anniversary of publication, have been omitted from the 1951 edition.

The material abstracted covers a wide field but special mention may be made of the following: the therapeutic value of ACTH and Cortisone and their limitations; poliomyelitis and the possible relationship of immunizing and other injections to paralysis; the dangers of vitamin over-administration; rheumatic fever and its prophylaxis; newer concepts of the pathology of congenital megacolon; a recommended dosage schedule for the most frequently used antibiotics.

This is a book worth having.

ISOTOPES

Ciba Foundation Conference on Isotopes in Biochemistry. Edited by J. N. Davidson, M.D., D.Sc., F.R.S.E., L. H. Gray, M.A., Ph.D., A. S. McFarlane, M.A., B.Sc., M.B., Ch.B., A. Neuberger, M.D., G. Popják, M.D., D.Sc. and C. Rimington, M.A., Ph.D. (Pp. 288 + xi, with 79 illustrations. 27s. 6d.) London: J. & A. Churchill, Limited. 1951.

Contents: Part I. Steroids. 1. Metabolism of ¹⁴C-labelled Steroids. 2. High Cholesterol Content of Human Spleen. 3. The Biosynthesis of Radio-active Cholesterol by Surviving Liver Slices. 4. Studies with Deuterium Steroids.

Part II. Haemoglobin and Metabolic Derivatives. 5. The Biosynthetic Mechanism of Porphyrin Formation. 6. Studies on Mammalian Red Cells. 7. Preliminary Investigations for a Study of Energy Utilized by the Surviving Fowl Erythrocyte in Haem Synthesis. 8. Iron Metabolism in Pathological Conditions.

Part III. Use of Tracers in the Study of Biological Effects of Radiation. 9. The Modification of X-ray Sensitivity by Chemicals. 10. Effect of X-rays on Nucleic Acid and Protein Synthesis in the Jensen Rat Sarcoma. 11. Radiation Dose in Tracer Experiments Involving Autoradiography. 12. Synthesis of Deoxyribose Nucleic Acid and Nuclear Incorporation of ³²S as shown by Autoradiography.

Part IV. Nucleic Acids. 13. The Biosynthesis of Pyrimidines *in vitro*. 14. Studies with Organic- and Bio-synthetic Nucleosides and Nucleotides. 15. The Use of Radiophosphorus in the Study of the Nucleic Acids. 16. Rate of Synthesis and Quantitative Variations of the Ribonucleic Acid during the Growth of a Culture of *Polytomella* Corca.

Part V. Proteins and Amino-Acids. 17. A Method for the Evaluation of the Rate of Protein Synthesis in Man. 18. Turnover Rates during Formation of Proteins and Polynucleotides in Regenerating Tissues. 19. Synthesis of Phenylalanine and Tyrosine in Yeast.

Part VI. Carbohydrate and Fatty Acid Metabolism. 20. A Study of Acetone Metabolism, using Glucose and Serine as Indicators, and the Role of C₂-compounds in Metabolism. 21. Asymmetric Citric Acid. 22. Mode of Formation of Fatty Acids from Acetate and Glucose, as studied in the Mammary Gland. Index.

This volume comprises the papers presented by many leading workers in the isotope field. The conference, which was informal, was arranged by the Ciba Foundation, who deserve high tribute for the undertaking.

As is clear from the table of contents, very extensive fields of investigation have been covered with the result that the volume summarizes, in handy form, the present status of our knowledge.

The work is obviously of a very advanced character but its usefulness to those interested in this advanced field of biological research is extremely great. A valuable feature of the monograph is the reproduction of the discussion which followed the presentation of each paper.

THE THYROID GLAND

Joll's Diseases of the Thyroid Gland. By Francis F. Rundle, M.D., F.R.C.S. Second Edition. (Pp. 520 + x, with 165 illustrations, 84s.) London: William Heinemann Medical Books Limited, 1951.

Contents: 1. Histo-Physiology of the Thyroid Gland. 2. Structure and Development of the Thyroid Gland. 3. Classification of Thyroid Diseases. 4. Simple Goitre. 5. Simple Goitre—Pathology. 6. Simple Goitre—Clinical Features. 7. Special Types of Simple Goitre—Treatment of Simple Goitre. 8. The Hypothroid States. 9. Graves' Disease—Types—Nature—Nomenclature—History. 10. Thyrotoxicosis: Nature and Clinical Factors in the Aetiology and Pathogenesis. 11. The Thyroid Gland in Thyrotoxicosis. 12. The Cardiovascular System in Thyrotoxicosis. 13. The Nervous System in Thyrotoxicosis. 14. Other Systems in Thyrotoxicosis. 15. The Ocular Manifestations of Graves' Disease. 16. Biochemical Abnormalities in Thyroid Disease. 17. The Treatment of Thyrotoxicosis. 18. Development Anomalies of the Thyroid Gland. 19. Acute Inflammations of the Thyroid Gland. 20. Granulomatous Diseases of the Thyroid Gland. 21. Struma Lymphomatosa (Hashimoto's Disease), Riedel's Struma and Subacute (Pseudo-Tuberculous or Giant-Cell) Thyroiditis. 22. Malignant Disease of the Thyroid Gland. 23. Hydatid (Echinococcus) Disease of the Thyroid Gland. 24. Amyloid Goitre. 25. Anaesthesia for Goitre Operations. 26. The Operation of Thyroidectomy for Thyrotoxicosis. 27. Technique of Operations for Non-Toxic Goitre. 28. Dangers and Difficulties During Thyroidectomy; Usual Post-Operative Course and Management. 29. Post-Operative Complications and their Treatment. Index.

Joll's *Thyroid Diseases* has been a classic work for at least two decades. The new edition has been edited and very considerably revised by Mr. Francis F. Rundle, F.R.C.S., for many years associated with Mr. Joll in his surgical work. This standard work is of infinite value to the physiologist and the physician as well as the surgeon. It is abundantly illustrated, with most excellent photomicrographs as well as clinical photographs.

The up-to-date nature of the work is typified by the inclusion of a short section on radio-active isotopes. There is a special chapter on anaesthesia in goitre operations by Dr. E. Stanley Rowbotham. The anti-thyroid drugs are also dealt with but it is likely that physicians and surgeons will often agree to differ on the indications for surgical interference.

STORY OF ST. LUKE'S HOSPITAL

The Story of St. Luke's Hospital. By Brigadier C. N. French, C.M.G., C.B.E. (Pp. 212 with photographs, 8s. 6d.) London: William Heinemann Medical Books Limited, 1951.

Contents: 1. Foreword by Sir George Cockrell, C.B. 2. The Founding of St. Luke's and the First Hospital. 3. The Growth of the Hospital and the Move to Old Street. 4. The End of the Eighteenth Century. Early Years in Old Street. 5. The Beginning of Reforms in Treatment. 6. Centenary of St. Luke's. Charles Dickens' Visit. Inspection from Outside. 7. The Hospital's Critics. Financial Problems and Reforms. 8. Suggestions for a Move out of the City. Some Administrative Problems. 9. Negotiations for the Sale of the Hospital and the Old Street Site. 10. Treatment, Nursing, Administration and Some Cases in Old Street. 11. St. Luke's Convalescent Home. 12. The Interregnum between the Closing of the Old Street Hospital and the Foundation of Woodside, a Hospital for Nervous and Functional Disorders. 13. Woodside Hospital from 1930 to 1948. The Part of the Hospital in the War 1939-1945. 14. The National Health Service and Amalgamation with the Middlesex Hospital. Appendix: 1. List of Officers. 2. Original Rules and Orders. 3. Instructions to Such Persons who Apply for Admission into St. Luke's Hospital. 4. Certificates to be Submitted with Application for Admission to St. Luke's Hospital. 5. Original Rules and Orders to be Observed by Officers and Servants of the Hospital. Index.

On 13 June 1750 six charitable gentlemen of the City of London met in a tavern in Exchange Place to discuss a project for the establishment of a hospital for the care and treatment of poor lunatics. The result was the foundation of the famous old Hospital of St. Luke's which has carried on its charitable work ever since.

At that period lunacy was regarded as a temporary and curable disease, differing in this way from other forms of insanity, and the new institution was meant to be a hospital for treatment and not an asylum for incurables or those 'deemed idiots'. Bethlehem (Bedlam) Hospital had already been caring for the insane for 400 years, but the inmates were still being treated as objects of derision and a free show for visitors on public holidays. One of the first rules of St. Luke's was that 'the patients in this hospital be not exposed to public view'.

The author traces in a very readable manner the 200-year

history of the hospital. Originally housed in the Foundry, Moorfields, it moved in 1787 into the impressive building (still in existence) erected in Old Street at a cost of £46,000; this housed the hospital for 129 years till 1916. Since then, as the Woodside branch of Middlesex Hospital catering for curable nervous disorders in 'educated people of slender means', it has carried on the tradition. The writer gives interesting glimpses of the part played by restraint, purgatives and emetics, cold baths and the respective merits of severe and humane treatment throughout the years. Visits by Dickens (on a Christmas eve) and Elizabeth Fry are described. The institution did not escape its share of criticism particularly from Government Commissioners who, like all government inspectors, meant it very well but did not always appreciate the financial difficulties of the Governors.

The work succeeds in impressing on the reader the great contribution of this ancient Foundation to the study of mental illness. The confidence of the original founders that 'more Gentlemen of the Faculty' would make 'this Branch of Physick their particular study and care' has indeed been justified.

OPERATIVE SURGERY

Royal Northern Operative Surgery. By The Surgical Staff of the Royal Northern Hospital. Second Edition. Edited by Sir Lancelot Barrington-Ward, K.C.V.O., M.B., F.R.C.S. (Pp. 638 + viii, with 498 illustrations (some coloured). 90s.) London: H. K. Lewis & Co. Limited, 1951.

Contents: 1. The Mouth and Jaw. 2. The Salivary Glands. 3. The Neck. 4. The Thyroid. 5. The Pharynx. 6. The Thorax. 7. Abdominal Incisions. 8. The Stomach and Duodenum. 9. The Gall-Bladder and Liver. 10. The Pancreas and Spleen. 11. The Small Intestine. 12. The Appendix. 13. The Colon. 14. The Rectum and Anal Canal. 15. Hernia. 16. The Kidney. 17. The Ureter. 18. The Bladder. 19. The Prostate and Vesicles. 20. The Penis. 21. The Testicle. 22. The Breast. 23. Blood-Vessels, Blood Transfusions and Varicose Veins. 24. Neuro-Surgery. 25. Plastic Surgery. 26. The Limbs. 27. Fractures of the Neck of the Femur. 28. Amputations. 29. Gynaecology. Index.

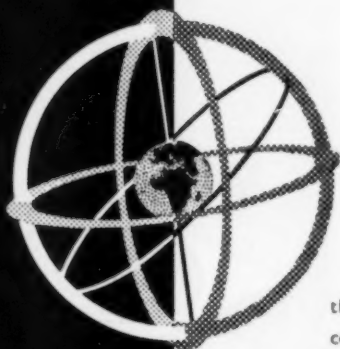
This book represents the practice and teachings of men with a wide experience of the different branches of surgery working in our hospital. Names like Gabriel, McNeill Love, and Hamilton Bailey need no introduction, and appear amongst a list of well-known English surgeons. With the rapid advances in modern surgery, and with the vast field of surgical literature at his disposal, the reader is apt to get confused. Surgeons will therefore welcome this publication, as only well-tried surgical procedures have chiefly been described. For a book of this size, filling approximately 600 pages, the editor has to be congratulated in covering such a vast field of surgery in a clear and concise manner.

On the whole the description of various operations is good and can rapidly be followed. The inexperienced surgeon, on the other hand, will have some difficulty, as a fair amount of detail has been omitted in many operations. Here again we find discrepancies, as some subjects, for example surgery of the prolapsed rectum, are described in detail, whereas sympathetic surgery has been dealt with summarily.

The chapter on gall-bladder surgery is a good one; but Thorek's operation, where the gall-bladder mucosa is destroyed by cautery, has been abolished by most surgeons. Cysto-visceral anastomosis for pancreatic cysts is a useful procedure and it is pleasing to note that preference is given to the small bowel anastomosis. Cholecystoduodenostomy is preferred to either cholecystenterostomy or cholecystogastrostomy in carcinoma of the head of the pancreas, and the reasons for this method seem feasible.

Excellent principles have been laid down in the chapter on plastic surgery and will prove very helpful to the general surgeon who is to perform the odd plastic operation. The chapter on orthopaedic procedures and neurology make worthwhile reading. The chapter on gynaecology is disappointing.

The paper is of excellent quality and the print readily legible. Excellent drawings, of which McClarty's are by far the best, have been included. One drawing depicting the lymphatics of the testes show the kidneys in grossly abnormal proportions. On the whole it is a good book and will be appreciated by the busy practising general surgeon.



TIME

has confirmed

the superiority of natural oestrogens. Safe and consistently non-toxic in therapeutic doses they may be prescribed or administered with the confident knowledge that they will never produce unpleasant side reactions.

PROFOLIOL preparations CHEMICALLY IDENTICAL WITH PROGYNON BRAND

are foremost amongst natural follicular hormone derivatives, unique in smoothing the course of the menopause and produce a sense of well-being.

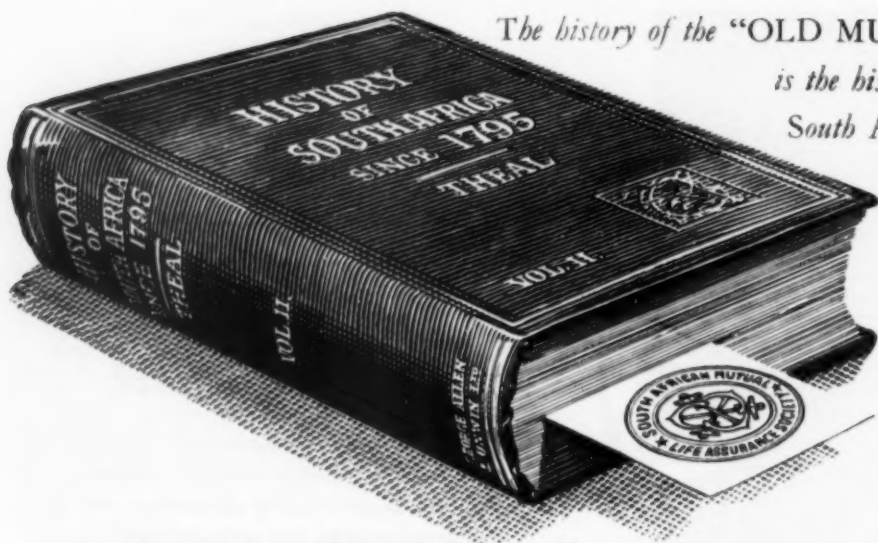
PROFOLIOL-B and PROFOLIOL-DP for intramuscular injection,

PROFOLIOL-DH for oral therapy and topical application.



Schering CORPORATION, BLOOMFIELD, N.J., U.S.A.
Sole Distributors:

SCHERAG (PTY.) LTD., P.O. BOX 7539, JOHANNESBURG.



*The history of the "OLD MUTUAL"
is the history of
South Africa*

The "OLD MUTUAL" Your Friend for Life

Associate Office for Fire and Casualty Insurance: South African Liberal Insurance Company Limited

5484-1



JELONET **PARAFFIN GAUZE DRESSING** (A PETROLEUM JELLY GAUZE)

Enquiries:
SMITH & NEPHEW (PTY.) LTD.,
P.O. Box 2347, DURBAN.

JELONET is a non-adhesive, open-mesh dressing evenly impregnated with medicated soft paraffin containing 1.225% Balsam of Peru. It is sterilized ready for use. When used as a dressing for open wounds, skin-grafts or burns its unique 'ventilating' character provides optimum conditions for the delicate epithelium or transplanted graft. Jelonet is obtainable in tins containing 36 cut pieces (3 $\frac{1}{4}$ " x 3 $\frac{1}{4}$ ") or 8 yd. continuous strips.

Made in England by T. J. SMITH & NEPHEW LTD., HULL, ENGLAND



Where pregnancy
is contra-indicated...
doctors recommend

KOROMEX



KOROMEX JELLY and CREAM, used alone or in combination with a Koromex Diaphragm, have proved over 23 years to be contraceptives of the highest quality, embodying all the necessary prerequisites for selective pregnancy control. Non-irritant, non-staining, and of high bactericidal effect, the inherent stability of Koromex Jelly and Koromex Cream assures maintenance of physical and chemical properties.

● The KOROMEX Plastic Sanitary Pack contains sample tubes of Koromex Jelly and Koromex Cream, together with a scientifically designed pure rubber latex Koromex Diaphragm. A chart for fitting the Diaphragm will be sent on application.

VULCO CHEMICAL COMPANY LIMITED

P.O. Box 3754, Johannesburg

Products of
THE THACKRAY WORKSHOPS

Chas. J. Thackray

301-303 Boston House, Strand Street (P.O. Box 816) CAPE TOWN
23 Orion House, 235 Bree Street (P.O. Box 2726) JOHANNESBURG



TABLETS

Intestinal Gland Extract -	-	-	0gr.05
Biliary Extract -	-	-	0gr.10
Aloe Ferox -	-	-	0gr.01
Agar Agar -	-	-	0gr.05
Lactic Ferment -	-	-	0gr.05

Initial daily dose : 2 tablets

A PRODUCT OF

CONTINENTAL LABORATORIES LIMITED

101, GREAT RUSSELL STREET, LONDON, W.C.1.

LAXATIVES MUST HAVE TWO ESSENTIAL CHARACTERISTICS

1. They must be biological, i.e., they must accord with and imitate in their action the natural physiological processes of the intestine.
2. They must be capable of educating the intestine, so that the habit of a laxative is not formed and so that the intestine can function unaided when bowel adjustment is attained.

TAXOL HAS BOTH THESE ADVANTAGES

Descriptive literature or samples will be sent free of charge to Members of the Medical Profession on application to

LENNON LTD.

P.O. Box 8389, JOHANNESBURG



MEDICAL Science has been built up from many years of *careful research*. Printing owes its modern developments to years of *careful research* and trial. We are anxious to place the benefit of these developments at your disposal, consult us.

"Print and Progress with the Times"



JOHANNESBURG
222 Loveday House, Marshall St.
P.O. Box 3021. Phone 33-9176

CAPE TIMES LIMITED
CAPE TOWN
Sales Office: St. George's St. P.O. Box 11 Phone 2-9331

PORT ELIZABETH
South-West House, 100 Main St.
P.O. Box 764 Phone 11-2010

For Topical Application in **TRAUMATIC WOUNDS**



Council Accepted
1935-1951

AZOCHLORAMID
is virtually . . .

- **NON-TOXIC**
- **NON-IRRITATING**
- **NON-SENSITIZING**



USE

Azochloramid
Brand of **CHLOROAZODIN U. S. P.**

New and Nonofficial Remedies 1950, issued under the direction and supervision of the Council on Pharmacy and Chemistry of the American Medical Association—the section on Azochloramid includes:

"... it exerts a more prolonged and stronger bactericidal action in the presence of tissue fluids and exudate than other chloramines."

"... possesses a low toxicity and is a nonselective bactericide."

Young, F., Surg. Gyn. & Obstetrics 64:318-324 states:

"Azochloramid . . . needs relatively infrequent application, does not irritate the skin, and is efficient in the majority of cases as an aid in controlling wound infections, thus promoting rapid healing."

AZOCHLORAMID IN TRIACETIN 1:500 for moistening dressings and packings.

AZOCHLORAMID SALINE MIXTURE To prepare an isotonic saline solution 1:3300 for irrigation, hot soaks, compresses, lavage.

South African
Distributors

MACDONALD, ADAMS & CO.
P. O. Box 68, Johannesburg

Literature and trial quantities sent on request.

PA-9B

Pharmaceutical Division **WALLACE & TIERNAN PRODUCTS, INC.** • Belleville 9, New Jersey, U.S.A.

The Ideal Sedative in all Nervous Affections

The anti-spasmodic and nervine properties of Valerian are enhanced by the synergistic combination of deodorised Valerianate with the sedative action of Bromide and Chloral Hydrate, as presented in **ELIXIR GABAIL**, the disagreeable odour and flavour of the Valerian having been completely removed without in any way impairing its medicinal value.

Literature and
Samples on request
from —

ELIXIR GABAIL

Dose :— One tablespoonful in water twice or thrice daily.
Supplied in bottles of 8 oz.

PHARMACAL PRODUCTS (PTY.) LTD.
BOX 784, PORT ELIZABETH

South African Agents for **GABAIL LTD., London.**

BOOKS

TO RESIDENTS IN SOUTH AFRICA

LEWIS'S CAN SUPPLY THE PUBLICATIONS OF ALL PUBLISHERS. LARGE STOCKS OF TEXTBOOKS AND RECENT LITERATURE IN ALL BRANCHES OF MEDICINE AND SURGERY, ENGLISH AND FOREIGN.

COMMONWEALTH LIBRARIES, COLLEGES AND SIMILAR INSTITUTIONS RECEIVE CAREFUL ATTENTION TO ORDERS AND ENQUIRIES.

SECOND-HAND DEPARTMENT

140, GOWER STREET, LONDON, W.C.1

Large Stock of Second-Hand Recent Editions at Reduced Prices. Old and Rare Medical Works. Sets of Medical Journals.

H. K. LEWIS & Co. Ltd.
136, Gower Street, London, W.C.1

Cables : Publicavit : Westcent : London.

Effective eliminations of endogenous toxins

MYCOLACTINE

Literature and sample on request.

A synergistic combination of Bile Extract, Yeast and Lactic Ferments.

**Indicated in
CONSTIPATION,
INTESTINAL
STASIS and
ALIMENTARY
TOXAEMIAS.**

Available in bottles of 50 tablets.

PHARMACAL PRODUCTS (PTY.) LTD.

DIESEL STREET, PORT ELIZABETH

Agents for:

The Anglo-French Drug Co. Ltd.,
11 & 12 Guildford Street, London, W.C.1.

ANÆSTHETIC ETHER

Manufactured by

THE NATAL CANE BY-PRODUCTS LTD.

OF MEREBANK

● Guaranteed to conform to the requirements of the 1948 British Pharmacopœia and the Specification of the South African Bureau of Standards. Equal to the finest imported Ether.

● In cases, each containing 12 x 1 lb. Amber Coloured Bottles, similar to those used in Europe.

For further information please write to the selling Agents

C. G. SMITH & CO. LTD.

301 Smith Street, P.O. Box 43, Durban

Bort Mendelsohn (Pty.) Ltd.,
P.O. Box 565, Johannesburg.

C. G. Smith & Co., Ltd.,
P.O. Box 1314, Cape Town.

Couriers' Agencies,
P.O. Box 352, East London.

VALUABLE BOOK FREE!

ARE YOU PREPARING FOR ANY MEDICAL, SURGICAL, or DENTAL EXAMINATION?

Send Coupon below for our valuable publication

"Guide to Medical Examinations"

PRINCIPAL CONTENTS:

The Examinations of the Conjoint Board.
The M.B. and M.D. Degrees of all British Universities.
How to pass the F.R.C.S. Exam.
The M.S. Lond. and other Higher Surgical Examinations.
The M.R.C.P. London.
The D.P.H. and how to obtain it.
The Diploma in Anaesthetics.
The Diploma in Psychological Medicine.
The Diploma in Ophthalmology.
The Diploma in Laryngology.
Diploma in Radiology.
The D.R.C.O.G. and M.R.C.O.G.
The Diploma in Child Health.

Do not fail to get a copy of this Book before commencing preparation for any Examination. It contains a large amount of valuable information. Dental Exams. in special Dental Guide.

SEND FOR YOUR COPY NOW!

The Secretary,

MEDICAL CORRESPONDENCE COLLEGE

19 Welbeck Street, Cavendish Square, London W.1.

Sum.—Please send me a copy of your "Guide to Medical Examinations" by return.

Name

Address

Examination in which interested

S.A.M.J. South African Offices: P.O. Box 2239, Durban, Natal

The Medical Association of South Africa Die Mediese Vereniging van Suid-Afrika

AGENCY DEPARTMENT : AGENTSAP AFDELING

KAAPSTAD : CAPE TOWN

Posbus 643, Telefoon 2-6177 : P.O. Box 643, Telefoon 2-6177

PRAKTYKE TE KOOP : PRACTICES FOR SALE

(746) Large dispensing practice, mainly non-European. Average annual cash receipts approx. £5,200. £5,500 required for premium, drugs and surgery furniture. Details on application.
(350) Eastern Cape Hospital town. Total gross receipts preceding 13 months £3,700. One appointment. Premium £1,500. House for sale at £3,000. Large bond available. £700 rebate if appointment not transferred. Practice offers great scope for practitioner with surgical ability.

(848) Cape Town, Southern Suburbs. Solus practice. Average annual receipts £2,088. Premium and terms open to discussion. Excellent opportunity.

(895) Partnership share in specialist physician's practice. Details on application.

(644) Durban Central. Mainly Indian and Native cash practice. Average annual gross income £1,235. Premium of £500 required for goodwill, inclusive of furniture and fittings and drugs. Terms may be arranged.

(915) Western Province hospital town. House and surgery to let. Excellent opportunity for doctor capable of doing major surgery. Details on application.

VENNOOTSAP VERLANG : PARTNERSHIP REQUIRED

(811) Partnership share in Cape or Natal in predominantly English-speaking practice with min. net income £2,500 p.a.

ASSISTENTE/PLAASVERVANGERS VERLANG

ASSISTANTS/LOCUMS REQUIRED

(903) Karoo hospital town. As soon as possible until end January. Salary to be arranged. (Quote also 902.)

MEDICAL EQUIPMENT FOR SALE

(772) Strand, C.P. Couch, instrument and dressing tables, cupboards and waiting-room furniture, at approx. £100. Instruments at £100.

(758) Electrocardiograph. Sanborne Cardiette. Weight 24 lb. Perfect working condition. Used by Cape Town specialist physician. £160 or nearest offer.

(674) *British Encyclopaedia of Medical Practice*.

(878) White wooden cabinet for surgery. Five feet high. Top half glass doors and shelves. £23 10s.

(909) Sliit Nitra Lamp (Prof. Gullstrand's). Good working order. £20 or nearest offer.

CONSULTING ROOMS REQUIRED

(907) Cape Town. Two rooms and share waiting room and services of nurse/receptionist. Urgent.

JOHANNESBURG

Medical House, 5 Esselen Street. Telephones 44-9134-5, 44-0817
Mediese Huis, Esselenstraat 5. Telefoon 44-9134-5, 44-0817

(P/O9) Southern Rhodesia, partner required. Englishman preferred.

(Pr/334) Progressive Transvaal town dispensing practice. Average gross income £3,500 p.a. Excellent surgical facilities. Owner going overseas.

MEDICAL EQUIPMENT

(I/O19) Zeiss microscope. Condition as new. £55.

(I/O23) Heavy banded Irrigator stand, height adjustable, complete with glass flask and hook to carry vacolite flasks. £7.

(I/O24) Bausch & Lomb microscope. Condition as new. Oil, high and low power lenses. Two eye pieces. £60.

(I/O25) Instrument cabinet. £7 10s.

(I/O26) B.G.E. "Hanovia" Ultraviolet lamp. Good condition. £25.

(I/O27) Examination couch. £7 10s.

DURBAN

112 Medical Centre, Field Street. Telefoon 24049

PRACTICES FOR SALE

(D1) In large coastal town suitable for a F.R.C.S. or M.R.C.O.G. Total gross receipts from June 1950 to June 1951, £4,995. Premium £3,100 includes drugs, fittings, surgery furniture and instruments. Terms could be arranged with reasonable cash deposit. Owing to ill-health owner wishes to sell immediately.

(D4) Natal midlands. Premium £1,500 includes drugs and surgery furniture. Very reasonable deposit and balance on easy monthly terms. D.S. appointment but a rebate of £400 will be made if the appointment is not transferred to the purchaser. This is a dispensing practice, 75% Native. House to rent at £12 per month.

LOCUM REQUIRED

(DL1) Stanger, Natal, for February and March 1952. £2 2s. per day, plus travelling expenses, board, lodging and laundry. If locum uses his own car, free petrol, oil and £10 per month car allowance. General Practice. Knowledge of Afrikaans essential. Alternate week-ends and alternate nights off. Single man preferred.

Public Service Commission

VACANCIES IN THE PUBLIC SERVICE

1. The attention of medical practitioners, registered with the South African Medical and Dental Council, is drawn to an advertisement appearing in the *Government and Provincial Gazettes* of this week, inviting applications for a vacant post of Senior assistant pathologist* (salary scale £960 x 40—£1,120) in the Department of Health (Pathological Laboratory, Cape Town).

2. In addition to salary a cost-of-living allowance at the rate of £256 per annum (married) and £80 per annum (single) is payable at present.

3. It is emphasized that full and detailed particulars of qualifications and previous experience (including military service) must be furnished but original certificates and testimonials should not be submitted. Application forms (Z.83 and P.S.C. 8 (a)) are obtainable from the Secretary, Public Service Commission, Pretoria, to whom filled-in forms must be addressed.

4. The closing date for the receipt of applications is 26 January 1952.

* Scale under review. Revised and probably improved scale will be announced in due course. (32777)

E.N.T. Outfit

Retiring E.N.T. Surgeon offers at bargain price complete set of E.N.T. instruments and apparatus, including electric ear massager, electric pharyngoscope, Haslinger bronchoscope and oesophagoscope (Vienna), audiometer (Pillings, Philadelphia), bougies, dilators, etc. Five-shelved white enamelled instrument cabinet, etc. Original cost over £600. Bargain at £300. Apply 'E.N.T.', P.O. Box 209, Murrumbidgee, Natal.

To Let

Consulting room with receptionist-secretary services. Available from January 1952. Suitable for established consultant. Apply to 'A. K. A.', P.O. Box 643, Cape Town.

For Sale

A set of the *British Encyclopaedia of Surgical Practice*, which has just been published, valued at £27. Will accept offer of £20. Write to 'A. J. Z.', P.O. Box 643, Cape Town.

Provincial Administration of the Cape of Good Hope

HOSPITALS DEPARTMENT

HOSPITAL BOARD SERVICE: VACANCY FOR MEDICAL PRACTITIONER (MEDICAL SUPERINTENDENT), GRADE D

1. Applications are invited from registered medical practitioners for appointment to the post of medical practitioner (Medical Superintendent), Grade D, on the establishment of the Conradie Home, Pinelands, with salary at the rate of £1,200 x 50—£1,500 per annum.

2. In addition to the scale of salary indicated, a cost-of-living allowance at rates prescribed from time to time by the Administrator is payable. The present allowance is £256 per annum for married and £80 per annum for single persons.

3. The successful candidate will be required to occupy, free of charge, an unfurnished house or quarters provided at the institution or alternatively, if a house or quarters are not available to occupy a house approved by the Department in respect of which the Department will contribute an amount of not exceeding £180 per annum towards the rental.

4. The conditions of service are prescribed in terms of Hospital Board Service Ordinance No. 19 of 1941, and the regulations framed thereunder.

5. The successful candidate will be responsible for the control and administration of the Institution in terms of section 12 of Ordinance No. 18 of 1946.

6. Application must be made on the prescribed form (Staff 23) which is obtainable from the Director of Hospital Services, P.O. Box 2060, Cape Town, or from any School Board or Provincial Hospital in the Cape Province.

7. The completed application forms must be addressed to the Director of Hospital Services, P.O. Box 2060, Cape Town, and must reach him not later than 31 January 1952. Candidates must state the earliest date on which they can assume duty.

(Y249886)

Provinsiale Administrasie van die Kaap die Goeie Hoop

HOSPITAALDEPARTEMENT

HOSPITAALRAADSDIENS: VAKATURE VIR GENEESHEER (MEDIESE SUPERINTENDENT), GRAAD D

1. Aansoek word ingewag van geregistreerde geneesheer vir aanstelling tot die pos van geneesheer (Mediese Superintendent), Graad D, op die vaste diensstaat van die Conradie-tehuis, Pinelands, met salaris volgens die skaal £1,200 x 50—£1,500 per jaar.

2. Benewens die salarisskaal soos aangedui, is 'n lewens-kosteloelae teen bedrae wat van tyd tot tyd deur die Administrateur vasgestel word, betaalbaar. Die teenswoordige tarief is £256 per jaar getroude en £80 per jaar vir ongetroude persone.

3. Van die suksesvolle kandidaat sal dit vereis word om 'n ongemueibeleerde huis of kwarriere wat by die hospitaal verskaf word gratis te bewoon, of as 'n huis of kwarriere nie beskikbaar is nie, 'n huis te bewoon wat deur die Departement goedgekeur is ten opsigte waarvan die Departement 'n bedrag van hoogstens £180 per jaar tot die huur sal bydra.

4. Die diensvoorwaardes is voorgeskryf ingevolge die Ordonnansie op Hospitaalraadsdiens nr. 19 van 1941, en die regulasies wat daarkragens opgestel is.

5. Die suksesvolle kandidaat sal verantwoordelik wees vir die bestuur en beheer van die inrigting ingevolge artikel 32 van Ordonnansie nr. 18 van 1946.

6. Aansoek moet gedoen word op die voorgeskrewe vorm (Staf 23) wat verkrygbaar is by die Direkteur van Hospitaaldienste, Posbus 2060, Kaapstad, of van enige Skoolraad of Provinsiale Hospitaal in die Kaapprovinsie.

7. Die ingevulde aansoekvorms moet aan die Direkteur van Hospitaaldienste, Posbus 2060, Kaapstad, gerig word en hom nie later as 31 Januarie 1952 bereik nie. Kandidate moet die vroegste datum meld waarop hulle diens kan aanvaar.

(Y249886)

Southern Rhodesia Permanent Forces

A vacancy exists for the appointment of a full-time Medical Officer in the Southern Rhodesia Defence Force.

The successful applicant will be required to attest in and serve under the conditions of service of the Southern Rhodesia Staff Corps.

The appointment will be in the rank of Captain, and the following rates of pay and allowances will be applicable:—

	Pay	Cost of Living	Total
1st year	£930	£273	£1203
2nd year	£959	£279	£1238
3rd year	£987	£282	£1269
4th year	£1016	£290	£1306

A married member, in addition to the above, will be paid up to a maximum of £180 per annum Quarters Allowance if Government quarters are not provided. In addition, a children's allowance is payable, if applicable.

The officer will be on the staff of the Director of Medical Services.

Duties will consist of medical attention to Permanent Force personnel and their dependants, the organization and supervision of Territorial Force medical services and such other duties as the Director of Medical Services may direct.

Previous experience of service medicine is desirable but not essential.

Applications should be addressed to:—Defence Headquarters, P.O. Box 21, Causeway, Southern Rhodesia from whom further details as to conditions of service may be obtained.

The closing date by which applications will be received at the above address will be 29 February 1952. (4883)

Provincial Administration of the Cape of Good Hope

HOSPITALS DEPARTMENT

HOSPITAL BOARD SERVICE: VACANCIES

Applications are invited for the undermentioned vacant posts in the Hospital Board Service.

The appointment of the successful candidates will be made in terms of, and be subject to, the Hospital Board Service Ordinance, 1941 (Ordinance No. 19 of 1941) and the regulations framed thereunder.

In addition to the emoluments specified hereunder, cost-of-living allowance is payable to whole-time officials and employees.

Applications should be submitted (in duplicate) on the prescribed form Staff 23, which is obtainable from the Director of Hospital Services, P.O. Box 2060, Provincial Building, Wake Street, Cape Town, or from the Branch Representative, of the Hospital Department at Cape Town, (P.O. Box 1487), Port Elizabeth (P.O. Box 80), East London (P.O. Box 13), Kimberley (P.O. Box 618), and Umtata (P.O. Box 202), or from the Medical Superintendent of any Provincial Hospital or Secretary of any School Board in the Cape Province.

The closing date for the receipt of applications is 26 January 1952, and applications should be addressed to the Branch Representative, Hospitals Department, P.O. Box 1487, Cape Town.

Institution	Post	Emoluments	Additional qualifications and remarks
Victoria Hospital.	Medical Practitioner, Grade 'A' (Anaesthetist)	£500—600— 660—£720 p.a.	(12284)

For Sale

Doctors midwifery bag, as good as new, complete with Barnes Neville midwifery forceps; perforator ovum forceps; midwifery steriliser, etc., etc. For quick sale £25. Write to 'J. S.', 21 Britannia Buildings, West Street, Durban.



BILIARY SUPPORT

In diseases of the biliary tract uncomplicated with acute hepatitis, in functional hepatic insufficiency and in chronic passive congestion of the liver, the physician seeks first a cholagogue choleric to give biliary support.

The bile salts of Veracolate* cholagogue evacuant are in the proportion in which they occur in fresh bile and help to keep the natural bile

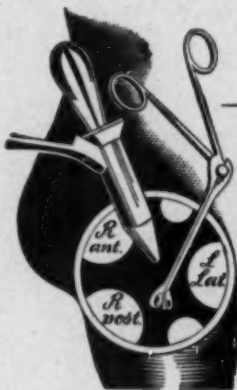
thin and free flowing. Upon absorption, these bile salts act as cholagogics and facilitate biliary drainage.

VERACOLATE

Available in bottles of 50 and 100 tablets.

WM. R. WARNER & CO. (PTY) LTD., 6-10 Searle Street, Capetown.

122 Ex



OPERATION PLAN

Strategic planning and tactical preparation in the theatre of war can obviate the need for the final operation. In the treatment of rectal diseases, especially chronic ones, surgical measures often seem inevitable; but before surgery can be undertaken the field of operation must be prepared. For this purpose Anusol* Haemorrhoidal Suppositories may be safely recommended. Their systematic use often effects results which at least postpone the need for surgery.

Anusol Suppositories, while preparing the field of operation, provide symptomatic relief of pain and discomfort. They have become intimately associated with the successful treatment of haemorrhoids, anal fissure, proctitis and inflammatory conditions of the anorectal region. No narcotic is contained in the suppositories to give a false sense of security.

Anusol

Available in boxes of 12 suppositories.

Anusol is also available in Ointment form

WM. R. WARNER & CO. (PTY) LTD., 6-10 Searle Street, Capetown.

115 Ex

HYALASE (BENGER)

Hyaluronidase—the "spreading" factor in stable and standardised form

RATIONALE: When a solution is injected in the presence of the enzyme hyaluronidase, the tissue barrier of hyaluronic acid is broken down and the solution diffuses rapidly. There is no swelling and no pain.

RESPONSE: The potentialities of Hyalase have been investigated over a wide field. (1, 2, 3, 4, 5).

PEDIATRICS. Large amounts of fluid may be given subcutaneously to dehydrated infants when intravenous methods cannot be used. (5)

LOCAL ANAESTHESIA. Hyalase has been shown to increase the area of effective anaesthesia when mixed with procaine solutions. (6)

CHEMOTHERAPY. Where it is necessary to inject large quantities of a drug, the use of the Hyalase technique will reduce pain and facilitate absorption. (2)

PARACENTESIS. Hyalase will assist in removing viscid fluid from pleural and peritoneal cavities. (7)

STERILITY and INFERTILITY. In certain cases, Hyalase has been used successfully to induce pregnancy. (8)

HYDROCEPHALUS. Some success has been recorded on its use in this condition. The skull did not increase in size during its administration. (3)

RHEUMATOID ARTHRITIS. In pathological joints where the viscosity of the exudate appeared to be high, Hyalase has reduced this viscosity and thus aided other therapeutic measures. (9)

REFERENCES

1. Meyer, K., & Palmer, J. M. (1936), *J. Biol. Chem.* 114, 689.
2. Gaisford, W., & Evans, D. G. (1949) *Lancet*, 2, 505.
3. Hechter, O., Dopkeen, S. K. & Yudell, M. H. (1947), *J. Pediatr.*, 33, 645.
4. Schwartzman, J. (1949), *J. Pediatr.*, 34, 559.
5. Schwartzman, J., Henderson, A. T. & King, W. E. (1948), *ibid.*, 33, 267.
6. Kirby, C. K., Eckenhoft, J. E. & Looby, J. P. (1949), *Surgery*, 25, 101.
7. Meyer, K. & In Green, D. E. (1946) *Currents in Biochemical Research*, New York Interscience Publishers, 284-299.
8. Leonard, S. L. & Kurzrock, R. (1945), *Endocrinology*, 37, 171.
9. Ragan, C., & Delamater, A. (1942), *Proc. Soc. exp. Biol.*, N.Y. 50, 349.

BRITISH CHEMICALS AND BIOLOGICALS S.A. (PTY.) LIMITED
339 COMMISSIONER STREET JOHANNESBURG. P.O. BOX 5766